#### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPRO	OVAL					
OMB Number:	3235-0287					
Estimated average burden hours						
per response	0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	es)														
Name and Address of Reporting Person - Benton Susan				Issuer Name and Ticker or Trading Symbol     Ocuphire Pharma, Inc. [OCUP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) XDirector				
	*	(First) HARMA, INC., 3 E 120	(Middle) 37000 GRAND	3. Date of Earliest Transaction (Month/Day/Year) 06/13/2022							e title below)	Oth	er (specify below	)		
(Street) FARMINGTON HILLS, MI 48335				4. If Amendment, Date Original Filed (Month/Day/Year)						_x_	6. Individual or Joint/Group Filing (Check Applicable Line)X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(Cit	ty)	(State)	(Zip)			Ta	ble I	- Non-Deri	vative S	ecurities	s Acquired,	Disposed	of, or Bene	eficially Own	ed	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date any (Month/Day/Ye		Date, if	3. Tra Code (Instr.	nsaction 8)	4. Securities Acqui(A) or Disposed of (Instr. 3, 4 and 5)		of (D) Owned Follo		,		Ownership of E	Beneficial Ownership
							Co	de V	Amount	(A) or (D)	Price				(I) (Instr. 4)	1301. 4)
								curre	ntly vali	d OMB c	ontrol num	ber.		i displays a		
Security (Instr. 3)		e (Month/Day/Year)	3A. Deemed Execution Date, if	Code Securities			ber vative les ed (A) osed	ative Expiration Date (Month/Day/Year) of I (Month/Day/Year) Sed (In:			7. Title and of Underlyi Securities (Instr. 3 and	ing		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
				Code	V	(A)	(D)	Date Exercisat		ation	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (right to buy)	\$ 1.93	06/13/2022		Α		20,000	0	<u>(1)</u>	06/1	2/2032	Commor Stock	20,000	\$0	20,000	D	

#### **Reporting Owners**

Barrasina Orana Nasa / Adda a	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Benton Susan C/O OCUPHIRE PHARMA, INC. 37000 GRAND RIVER AVE, SUITE 120 FARMINGTON HILLS, MI 48335	Х						

## **Signatures**

/s/ Emily J. Johns, by Power of Attorney	06/15/2022
-Signature of Reporting Person	Date

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Will vest upon the earlier of the one (1) year anniversary of the grant date or the day prior to the Issuer's next annual meeting of stockholders occurring after the grant date, subject to the Reporting Person's continuing service through the vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.