FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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

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

Name and Address of Reporting Person      Pepose Jay					2. Issuer Name and Ticker or Trading Symbol Ocuphire Pharma, Inc. [ OCUP ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Own				/ner
(Last)	(First	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/10/2023									Officer (gi below)	ive title	Other (spe below)		pecify
C/O OCUPHIRE PHARMA, INC. 37000 GRAND RIVER AVE, SUITE 120					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indivi						
(Street) FARMINGTO	ON MI	4	18335											Form filed	d by More	than O	ne Reportin	g Person
(City)	(Stat	e) (	Zip)															
		7	able I - Nor	ı-Deriv	ative S	ecuritie	es Acc	quired, D	ispo	sed of	f, or B	Benefic	ially Ow	ned				
Date				2. Transa Date (Month/D		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		rities Acquired (A) or ad Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Following F	y Owned Reported (Instr.		Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount		(A) or (D)	Price	(Instr. 3 and					
Common Stock 01/1				01/11	11/2023		A		13,013		Α	(1)	45,907			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. r) 8)		Derivative		6. Date Exercisable Expiration Date (Month/Day/Year)		le and 7. Title and Securities L Derivative S 3 and 4)		ities Und	erlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisable		iration e	Title		Amount or Number of Shares		(Instr. 4)	(S)		
Stock Option (right to buy)	\$3.5	01/10/2023		А		33,291		(2)	01/0	09/2033	Common Stock 33		33,291	\$0 33,2		)1	D	

## **Explanation of Responses:**

- 1. The Reporting Person was granted shares of common stock in lieu of cash for board services for 2023. The number of shares was determined by dividing (A) the aggregate amount of the retainer to be earned for board services for such period, by (B) the average fair market value of a share of common stock for the 30 consecutive trading days ending on and including the last trading day prior to the grant date (rounded down to the nearest whole share). The average fair market value was \$3.07 per share, the average of the closing price of the common stock for the 30 consecutive trading days prior to January 11,
- 2. The option will vest with respect to 8,322 shares on January 10, 2024, with the balance vesting quarterly in twelve equal installments thereafter.

/s/ Emily J. Johns, by Power of 01/12/2023 <u>Attorney</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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).

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

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