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

OMB APPR	OVAL
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hours par response	0.5

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

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I. Name and Address of Reporting Person * Benton Susan			2. Issuer Name and Ticker or Trading Symbol Ocuphire Pharma, Inc. [OCUP]						S. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle) C/O OCUPHIRE PHARMA, INC., 37000 GRAND RIVER AVE, SUITE 120 (Street) FARMINGTON HILLS, MI 48335			3. Date of Earliest Transaction (Month/Day/Year) 11/11/2020)						
			4. If Amendment, Date Original Filed(Month/Day/Year))	
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu			es Acquire	lired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	emed on Date, i	Code (Instr.	(4. Securities Acc (A) or Disposed Instr. 3, 4 and 5	of (D) Ov Tr	Amount of Swned Follow ansaction(s) anstr. 3 and 4)	ing Reporte	d	Ownership Form: E Direct (D)	f. Nature of Indirect Beneficial Ownership Instr. 4)
Reminder:	Report on a s	separate line for each	class of securities l	beneficial	lly owned	directly	or indirectly	7.						
Reminder:	Report on a s	separate line for each	Table II -	Derivati	ive Securi	ties Acq	Person in this display	ns who respond form are not ys a currently losed of, or Ben	required to valid OM eficially O	o respond B control r	unless the		ned SEC 14	474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II -	Derivati (e.g., put 4. Transac Code	ive Securits, calls, w 5. Nu tion of Do Secu Acqu or Di of (D	ties Acquarrants umber erivative rities ired (A) sposed) : 3, 4,	Person in this display to the person in this display to the person of the person of the person in the person of th	ns who respoi form are not ys a currently osed of, or Ben onvertible secu- ercisable and Date	required t valid OM eficially Or rities)	orespond B control r wned and Amount lying s	unless the number.		of 10. Ownershi Form of Derivative Security: Direct (D) or Indirec (s) (I)	11. Natu p of Indire Benefici e Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transac Code	ive Securits, calls, w 5. Nution of Do Secu Acqu or Di of (D (Instr	ties Acquarrants amber erivative rities irred (A) sposed) . 3, 4,	Persoin this display unired, Display 6, options, c 6. Date Ex Expiration (Month/Da	ns who responder form are not a secondary security osed of, or Benonvertible security and Date and Date and Pare and Par	required t valid OM eficially Orities) 7. Title a of Under Securities	orespond B control r wned and Amount lying s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownershi Form of Derivative Security: Direct (D) or Indirec	11. Nature of Indire Benefici e Ownersi (Instr. 4)

Reporting Owners

	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	X				

Signatures

/s/ Emily J. Johns, by Power of Attorney	11/13/2020
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) 16,666 shares vest each twelve month period ending October 31, 2021 and October 31, 2022 and the balance vest October 31, 2023.

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.