## FORM 5

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

orm 5 obligations

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

Form 3 Holdings Reported.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Form 4 Transac			I	Filed pursuan or Sec			the Securitie estment Com			f 1934							
Name and Address of Reporting Person*     Ainsworth Sean					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% Owner					
(Last) (First) (Middle)					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022							Officer (give title below)					
C/O OCUPHIRE PHARMA, INC. 37000 GRAND RIVER AVE, SUITE 120				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(Street) FARMINGTON MI 48335 HILLS												Form filed by More than One Reporting Person					
(City)	y) (State) (Zip)																
		Та	ble I - Non-De	rivative Se	ecurit	ies Acqu	ired, Disp	osed o	f, or B	Benefici	ally Ow	ned					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			Execution	2A. Deemed Execution Date, if any (Month/Day/Year)		4. Securities Acquired (A) or Disposed O (Instr. 3, 4 and 5)			`	5. Amount of Securities	ırities		rect Indi	7. Nature of Indirect Beneficial			
						Amount		A) or D)	Price	i i	Beneficially On at end of Issue Fiscal Year (In and 4)	er's	(D) or Ind (I) (Instr.	4) Owr	Ownership (Instr. 4)		
Common Stock 12/27/2022					G		5,00	0	D	\$0		36,239		D			
		-	Γable II - Deriν (e.g.,	ative Sec puts, call								ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	te Execution Date, Transaction Derivative Expiration Date Gode (Instr. Securities (Month/Day/Year) Derivative Derivative (Month/Day/Year)		Secu Deriv	Title and Amount of curities Underlying rivative Security (Ins and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					

Explanation of Responses:

/s/ Emily J. Johns, by Power of

or Number

Attorney

Title

Expiration

Exercisable

\*\* Signature of Reporting Person

Date

(Instr. 4)

02/14/2023

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).