FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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.

| Form 4 Transac | ctions Reported | | J | Filed pursuan or Sec | | | f the Securition | | | | | | | | | |
|---|---|--|---|---|--------------------|---|--|--|---------------------|--|--|---|--|----------------------------------|--|--|
| 1. Name and Address of Reporting Person* Sooch Mina (Last) (First) (Middle) | | | | Issuer Name and Ticker or Trading Symbol Ocuphire Pharma, Inc. [OCUP] Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022 | | | | | | (Check | 5. Relationship of Reportir (Check all applicable) X Director X Officer (give title below) | | | 10% Own Other (sp below) | | |
| C/O OCUPHIRE PHARMA, INC. 37000 GRAND RIVER AVE, SUITE 120 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | President and CEO 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | | |
| (Street) FARMINGTON MI 48335 HILLS | | | | I | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip | o) | | | | | | | | | | | | | |
| | | Та | ble I - Non-De | rivative Se | ecurit | ies Acqu | ired, Dis _l | osed | of, or I | Benefic | ially Ov | vned | | | | |
| D | | 2. Transaction Date (Month/Day/Year) | | ecution Date, | | 4. Securities Acquired (A) or Disposed Of (Instr. 3, 4 and 5) | | | ` ′ | 5. Amount of Securities Beneficially O | | 6. Ownership Form: Direct (D) or Indirect | | 7. Nature of Indirect Beneficial | | |
| | | (MOIIII/Day/Tear | (Month/Day/Year) | | Code (Instr. 8) | Amount | | (A) or (D) | Price | | at end of Issuer's Fiscal Year (Instr. 3 and 4) | | (I) (Instr. 4) | | Ownership (Instr. 4) | |
| Common Stock | | | 12/23/2022 | | | G | 30,000 | | D | \$0 | | 396,045 | | D | | |
| Common Stock | | | 12/27/2022 | | | G | 100,000 | | D | \$ | 0 | 296,045 | | D | | |
| Common Stock | | | 12/27/2022 | | G | | 50,000 | | A | \$ | 0 | 50,000 | | I | | ld by ughter |
| | | • | Table II - Deriv (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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | | ber of ive ies ed (A) or ed of (D) 3, 4 and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | Sec Deri 3 an | 7. Title and Amou Securities Under Derivative Securi 3 and 4) | | Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

/s/ Emily J. Johns, by Power of

02/14/2023

** Signature of Reporting Person

Date

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.

 $^{^{\}star}$ 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).