FORM 4

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

OMB APPRO	IVAL
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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	s)												
Name and Address of Reporting Person* Gallagher Cam			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) C/O OCUPHIRE PHARMA, INC., 37000 GRAND RIVER AVE, SUITE 120				3. Date of Earliest Transaction (Month/Day/Year) 11/11/2020						Officer (giv	ve title below)	Othe	r (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				
	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					es Acquired	lired, Disposed of, or Beneficially Owned				
(Instr. 3)		2. Transaction Date (Month/Day/Year)	any	emed on Date, i	Code (Inst	e (A. Securities Acc A) or Disposed Instr. 3, 4 and 5	of (D) Own	. Amount of Securities B Owned Following Reporte Transaction(s) Instr. 3 and 4)		ed C	Ownership o Briect (D)	Beneficial Ownership	
						Co	ode V	Amount (A) or (D)	Price			(1	r Indirect (1 I) Instr. 4)	Instr. 4)
Reminder:	report on a c						contai	ns who respon ned in this for isplays a curr	m are not	required	to respon	d unless the		474 (9-02)
Reminder:	Tepon on a c						contai form o	ned in this for isplays a curr	rm are not rently valid	required I OMB co	to respon	d unless the		+/4 (9-02)
1. Title of	•		3A. Deemed Execution Date, if	4. Transac Code	s, calls, v 5. N of Der Secon Acq (A)	umber vative rities uired or osed	contai form c quired, Disp s, options, c	ned in this for isplays a currence of, or Ben onvertible secuercisable and Date	rm are not rently valid reficially Ow	required I OMB co	to respond ntrol numbers 18. Price of	d unless the	Ownership Form of Derivative Security: Direct (D) or Indirec	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	s, calls, v 5. N of Der. Sect Acq (A) Disp of (I	umber vative rities uired or osed 0) r. 3, 4,	quired, Disp s, options, c 6. Date Exc Expiration	ned in this for isplays a currence of, or Ben onvertible secuercisable and Date	rm are not rently valid reficially Ow rities) 7. Title and of Underly Securities	required I OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirec	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	s, calls, v 5. N tion of Der. Sect Acq (A) Disp of (I (Ins	vative urities uired or oosed 0) r. 3, 4, 5)	contai form c quired, Disp s, options, c 6. Date Ex: Expiration (Month/Da	ned in this for isplays a currence of the curr	rm are not rently valid reficially Ow rities) 7. Title and of Underly Securities	required I OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Gallagher Cam 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) Vesting in 12 equal monthly increments beginning on November 30, 2020, except for October 31, 2021 when the balance vests.

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.