FORM 4

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

OMB APPROV	'AL
OMB Number:	3235-0287
Estimated average bur	den
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 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

(Time of Type	e Responses)														
1. Name and Address of Reporting Person* Zaremba Rabourn Amy (Last) (First) (Middle) C/O OCUPHIRE PHARMA, INC., 37000 GRAND RIVER AVE, SUITE 120			2. Issuer Name and Ticker or Trading Symbol Ocuphire Pharma, Inc. [OCUP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
			7000	3. Date of Earliest Transaction (Month/Day/Year) 11/11/2020						X	X Officer (give title below) Other (specify below) VP of Finance				
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
FARMINGTON HILLS, MI 48335 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					Acquired	ured, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye				, if Co	Transa ode ostr. 8)	(A	Securities Acqu) or Disposed of str. 3, 4 and 5)	red 5. Amount of S		Securities Beneficially ring Reported		Ownership of Borm:	7. Nature of Indirect Beneficial
				(Month/	Day/Y		Code	V Ar	(A) or nount (D)	(Ins	nstr. 3 and 4)		oi (I	r Indirect (I	wnership nstr. 4)
Reminder: Re	eport on a se							in this fo	who respond orm are not re tly valid OMB	quired to	respond u				74 (9-02)
Reminder: Re			endos or securities of		0 11110		., 0	ian conj.							
1. Title of	2.	3. Transaction	3A. Deemed	(e.g., puts	s, calls	warra Numb	nts, op er 6	in this for a current red, Dispose ptions, con	orm are not retly valid OMB ed of, or Benefivertible securit	quired to control n icially Own ies) 7. Title an	respond unumber. ned	8. Price of	9. Number o	f 10.	11. Natu
	2.	3. Transaction	3A. Deemed Execution Date, if	4. Transac Code	s, calls tion of Sc A of (I	warra Numb	er 6 ntive E s (1 l (A) sed	in this for a current red, Dispose ptions, con	orm are not retly valid OMB ed of, or Benefivertible securit	quired to control n icially Own ies)	respond unumber. ned d Amount ying	8. Price of	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersl (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date, if any	4. Transac Code	s, calls tion of Sc A of (I	Number Courities courities Courities (Dispose C(D)) mstr. 3,	nnts, op eer 6 entitive E (I (A) ssed 4,	in this for a current sed, Dispose ptions, con a contact Expiration I	erm are not retly valid OMB ed of, or Benefivertible securitricisable and Date //Year) Expiration	quired to control noticially Ownies) 7. Title an of Underly Securities	respond unumber. ned d Amount ying	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersi (Instr. 4

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Zaremba Rabourn Amy C/O OCUPHIRE PHARMA, INC. 37000 GRAND RIVER AVE, SUITE 120 FARMINGTON HILLS, MI 48335			VP of Finance		

Signatures

/s/ Emily J. Johns, by Power of Attorney	11/16/2020
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) 1,562 shares vest each month-end from November 2020 through October 2024.

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.