FORM 4

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

OMB APPR	OVAL
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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

Name and Address of Reporting Person * Sooch Mina			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						
C/O OCUI	(Last) (First) (Middle) /O OCUPHIRE PHARMA, INC., 37000 GRAND IVER AVE, SUITE 120			Date of Earliest Transaction (Month/Day/Year) 01/28/2022 4. If Amendment, Date Original Filed(Month/Day/Year)					X	X Officer (give title below) Other (specify below) President and CEO 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person					
FARMING	GTON HII	(Street) HILLS, MI 48335							_X_ I						
(City)	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					s Acquired,	uired, Disposed of, or Beneficially Owned					
1.Title of Sec (Instr. 3)	Date			(Month/Day/Year) (A) or		f (D) Own Trans	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		(C) F C C C C C C C C C C C C C C C C C C	Ownership orm: Direct (D) r Indirect	7. Nature of Indirect Beneficial Ownership Instr. 4)				
Reminder: R														CEC 1	45.4 (0.00)
Reminder: R			Table II					in this fo a curren ired, Dispos	who respond orm are not re tly valid OMB ed of, or Benef	quired to r control nu	espond ur umber.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Table II - 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	ettion	i <mark>lls, warra</mark> 5. Number	onts, or of (A) ed of	in this fo a curren ired, Dispos	orm are not re tly valid OMB ed of, or Benef vertible securit reisable and Date	quired to r control nu	espond ur umber. ed Amount	8. Price of		Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur of Indirec Beneficia o Ownershi (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ettion	5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4	onts, or of (A) ed of	in this for a current ired, Disposoptions, con 6. Date Exe Expiration I	erm are not re tly valid OMB ed of, or Benef vertible securit rcisable and late r/Year) Expiration	icially Own ficially Own fices) 7. Title and of Underlying Securities	espond ur umber. ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur of Indirec Beneficia o Ownershi (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Sooch Mina C/O OCUPHIRE PHARMA, INC. 37000 GRAND RIVER AVE, SUITE 120 FARMINGTON HILLS, MI 48335	X		President and CEO		

Signatures

/s/ Jeffrey Kuras, by Power of Attorney	02/01/2022
**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).
- The option will vest with respect to 50,000 shares on January 28, 2023, and then with respect to 4,166 shares on the last day of each month from February 2023 through December 2025 and with respect to 4,190 shares at the end of January 2026.

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.