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

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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

1 Name or	pe Response												
1. Name and Address of Reporting Person * MANUSO JAMES S J			2. Issuer Name and Ticker or Trading Symbol Ocuphire Pharma, Inc. [OCUP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director10% Owner					
(Last) (First) (Middle) C/O OCUPHIRE PHARMA, INC., 37000 GRAND RIVER AVE, SUITE 120			3. Date of Earliest Transaction (Month/Day/Year) 05/20/2022					Office	er (give title belo	ow)	Other (specify b	elow)	
(Street) FARMINGTON HILLS, MI 48335			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					Owned				
1.Title of Security (Instr. 3)		I	2. Transaction Date Month/Day/Year)	2A. Deemed Execution Date, any	(Instr. 8	(A) or Disposed o		of (D)	Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		Ownership Form:	Beneficial
				(Month/Day/Yea	r) Code	V Am	V Amount (A) or (D) Pri		(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock	(05/20/2022		P	5,0	00 A	\$ 1.99	21,570			D	
													1474 (9-02)
				Derivative Securi		the form	ed of, or Bei	curre neficial	ntly valid	OMB con	spond unle trol numbe		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Data	Derivative Securies, puts, calls, very description of the content	yarrants, o	the form red, Dispose ptions, con 6. Date E and Expi: (Month/I	displays a ed of, or Ber vertible secu kercisable ation Date	7. T Amo Und Seco	ntly valid	8. Price of		of 10. Owners: Form of Security Direct (i) or Indire	11. Nature of Indire Benefici Ownersh : (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
MANUSO JAMES S J 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	05/24/2022
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).

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.