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

OMB APPRO	VAL
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hours per response	0.5

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

	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_ 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) 06/13/2022						Officer (give	e title below)	Othe	r (specify below)		
(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)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								d				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year				Date, if ((A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		d (Ownership of orm:	Nature Indirect eneficial		
				(Month	/Day	/Year)	Cod	le V A	(A) or (D)	Price	(Instr. 3 and 4)		0 (Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)	
Reminder:	Report on a s	separate line for each						in this f	s who respon	equired to	respond	unless the		ed SEC 14	74 (9-02)
Reminder:	Report on a s	separate file for each		Darivat		agurities	Agg	in this f display	orm are not r s a currently	equired to valid OMB	respond control r	unless the		ed SEC 14	74 (9-02)
1. Title of	•	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	4. Transac Code	ive Sats, ca	alls, warı 5. Numb	er ative es d (A)	in this f displays uired, Dispo	form are not rest a currently ased of, or Benominated security and control of the control of the current and	equired to valid OMB eficially Ow	d Amount	unless the number.	9. Number of		11. Natur
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	4. Transac Code	ive S ts, ca	5. Numb of Deriving Securities Acquired or Dispo of (D)	er ative es d (A)	in this f displays uired, Dispo options, con 6. Date Exe Expiration 1	orm are not rest a currently used of, or Beneavertible securicisable and Date //Year)	equired to valid OMB eficially Ow ities) 7. Title and of Underly Securities	d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh

	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	06/15/2022
**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).
- Will vest upon the earlier of the one (1) year anniversary of the grant date or the day prior to the Issuer's next annual meeting of stockholders occurring after the grant date, subject to the Reporting Person's continuing service through the vesting date.

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.