Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response:	0.5								

obligations may continue. See 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 and Address of Reporting Person* <u>Daniels Eric Joseph</u>						2. Issuer Name and Ticker or Trading Symbol KIORA PHARMACEUTICALS INC [KPRX]									eck all applic Directo	ionship of Reportin all applicable) Director Officer (give title		son(s) to Iss 10% Ov Other (s	wner	
(Last) (First) (Middle) 332 ENCINITAS BLVD., SUITE 102						3. Date of Earliest Transaction (Month/Day/Year) 03/03/2023									below)	elow) Chief Developm		below) nt Officer		
(Street) ENCINITAS CA 92024 (City) (State) (Zip)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Nor	n-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or l	Bene	ficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amou Securitie Benefici Owned F Reporte	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	Amount (A) or (D)		Price	Transact	Transaction(s) (Instr. 3 and 4)			(111511.4)	
Common Stock 03/03/					5/2023		A		15,600	600 ⁽¹⁾ A		\$0	25,838			D				
		•	Table II -								osed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	4. Transa Code (I 8)				6. Date Exercisa Expiration Date (Month/Day/Yea)	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	O N O	umber						
Stock Option (right to	\$3.83	03/03/2023			Α		10,400		(2)	C	03/03/2033	Comm		0,400	\$0	10,40	0	D		

Explanation of Responses:

- 1. Grant of restricted stock from the Issuer pursuant to the Issuer's 2014 Equity Incentive Plan (the "Plan"). The restrictions will vest as to one-third (1/3) of the shares on each of March 3, 2024, March 3, 2025 and March 3, 2026, subject to the reporting person's continuous service through each such vesting date.
- 2. The reporting person received an option to purchase Common Stock from the Issuer pursuant to the Plan. The option will become exercisable as to one-third (1/3) of the shares underlying the Option on March 3, 2024, and the remaining balance vests monthly on the first day of each calendar month thereafter for a period of two years, subject to the reporting person's continuous service through each such vesting date.

Remarks:

/s/ Robert A. Petitt, Attorneyin-Fact

** Signature of Reporting Person Date

03/08/2023

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.