FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.

Washington, D.C. 20549	OMB APPR
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

	ONID APPRO	VAL		
SHIP	OMB Number:	3235-0287		
,, ,,,	Estimated average burde	en		
	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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or s	Sectio	n 30(h)	of the	Investment	Comp	any Act	of 1940								
1. Name and Address of Reporting Person* <u>Gayron Kenneth L</u>				KI	2. Issuer Name and Ticker or Trading Symbol KIORA PHARMACEUTICALS INC [KPRX]									Relationship of Reporting Person(s) to Iss (Check all applicable) X Director 10% Own Officer (give title Other (s))						
(Last) (First) (Middle) C/O KIORA PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 09/29/2023)		below)	pecity		
332 ENCINITAS BLVD., SUITE 102					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ΓAS C	A 9	92024											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication																				
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								nat is intende	d to										
		Tab	le I - Nor	1-Deriv	ative	Sec	uritie	s Ac	quired, D	Dispo	osed c	f, or Be	neficia	lly Owne	d					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ar) E	A. Deemed xecution Date, any Month/Day/Year)		Code (In	Transaction Dispose Code (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4 a		Benefic Owned	es Formalially (D) (I) (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	V Amount		(A) o (D)	Price	Reporte Transa (Instr. 3	tion(s)		(Instr. 4)				
		Т							uired, Dis s, options					/ Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		oiration e	Title	Amount or Number of Shares							
Stock Option (right to buy)	\$0.5677	09/29/2023			A		5,000		(1)	09/2	29/2033	Common Stock	5,000	\$0	5,000		D			

Explanation of Responses:

1. The reporting person received an Option to purchase Common Stock from the Issuer pursuant to the Issuer's 2014 Equity Incentive Plan. The Option will become fully exercisable on September 29, 2024.

Remarks:

/s/ Melissa Tosca, Attorney-in-10/03/2023 **Fact**

** Signature of Reporting Person Date

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.