FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, D.C. 20549                       | OME      |
|--|----------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Numb |

|                         | OMB APPROVAL             |         |  |  |  |  |
|-------------------------|--------------------------|---------|--|--|--|--|
| IN BENEFICIAL OWNERSHIP | OMB Number: 323          | 35-0287 |  |  |  |  |
| IN BENEFICIAL OWNERON   | Estimated average burden |         |  |  |  |  |
|                         | 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 Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person*  TYLE PRAVEEN  (Last) (First) (Middle) |  |  |   |         | KI<br>KP                               | Susuer Name and Ticker or Trading Symbol KIORA PHARMACEUTICALS INC [ KPRX ]      Date of Earliest Transaction (Month/Day/Year)  |         |      |  |       |                               |  |  | eck all appl  | icable)<br>or<br>r (give title   | g Pers                              | 10% Ow<br>Other (s<br>below)                                      | ner  |
|---|--|--|---|---------|--|---|---------|------|--|-------|-------------------------------|--|--|---|--|-------------------------------------|---|--|
| C/O KIORA PHARMACEUTICALS, INC.<br>332 ENCINITAS BLVD., SUITE 102               |  |  |   |         |  | 09/29/2023  4. If Amendment, Date of Original Filed (Month/Day/Year)  |         |      |  |       |                               |  |  | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |                                     |   |  |
| (Street)  | ΓAS C  | A !  | 92024   |         |  |   |         |      |  |       |                               |  |  |   | filed by Mor   | •                                   | orting Person   |  |
| (City)  | (S   | tate)                                      | (Zip)   |         | Ru                                     | 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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |         |      |  |       |                               |  |  |   | d to   |                                     |   |  |
|   |  | Tab  | le I - Noi  | n-Deriv | ative                                  | Sec   | curitie | s Ac | quired   | , Dis | posed o                       | of, or Be  | neficial                                       | ly Owne   | d  |                                     |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)                   |  |  |   |         |  | Execution Date  |         |      | e, Transaction Disposed<br>Code (Instr. 5)                     |       | ities Acquir<br>d Of (D) (Ins |  | nd Securities<br>Beneficially<br>Owned Followi |   | Form:  | : Direct C<br>Indirect E<br>str. 4) | 7. Nature of Indirect Beneficial Ownership                        |  |
|   |  |  |   |         |  |   |         |      | Code   | v     | Amount                        | nt (A) or Pri  |  | Reporte<br>Transac<br>(Instr. 3                             | ction(s)   |                                     |   | Instr. 4)  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |         |  |   |         |      |  |       |                               |  |  |   |  |                                     |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                             | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |         | 4.<br>Transactior<br>Code (Instr<br>8) |   |         |      | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |       |                               | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)         | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(<br>(Instr. 4) | ly                                  | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |  |  |   |         | Code                                   | v   | (A)     | (D)  | Date<br>Exercisa   |       | Expiration<br>Date            | Title  | Amount<br>or<br>Number<br>of<br>Shares         |   |  |                                     |   |  |
| Stock<br>Option<br>(right to<br>buy)  | \$0.5677   | 09/29/2023                                 |   |         | A                                      |   | 5,000   |      | (1)  |       | 09/29/2033                    | Common<br>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.