FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours ner resnonse.	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

Name and Address of Reporting Person* Strem Brian M.					2. Issuer Name and Ticker or Trading Symbol KIORA PHARMACEUTICALS INC KPRX							(Che	ck all applica Director	10% 0		on(s) to Issu 10% Ow Other (s	ner		
(Last)	`	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/29/2023							_ x	below)			below)	pecity	
C/O KIORA PHARMACEUTICALS, INC. 332 ENCINITAS BLVD., SUITE 102				-								0 1							
532 ENGINTIAS BLVD., SOTTE 102					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)												X	X Form filed by One Reporting Person						
ENCINI	NCINITAS CA 92024												Form filed by More than One Reporting Person						
(City) (State) (Zip)					F	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 satisful the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									satisfy				
		Та	ıble I - Nor	n-Der	rivati	ve S	ecuritie	s Ac	quired	, Dis	posed o	f, or B	Bene	ficially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					2A. Deeme Execution if any (Month/Day		n Date	Code			ties Acquired (A) o I Of (D) (Instr. 3, 4 a			5. Amount Securities Beneficial Owned Fo	Fori		Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A (D) or)	Price	Reported Transactio (Instr. 3 an			[Instr. 4)	
Common Stock 09/29				29/20	23			A		75,000	(1)	A	\$0	103,783			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code (In:					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title of Sect Underl Derivat (Instr. 3	urities ying tive Se	ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	V (A)		Date Exercisal	ole	Expiration Date	Title	OI N	mount r umber f Shares		Transaction(s) (Instr. 4)			
Stock Option (right to buy)	\$0.5677	09/29/2023			A		150,000		09/29/202	3 ⁽²⁾	09/29/2033	Commo		50,000),000 \$0 150,00		00	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 twenty-five percent (25%) of the shares immediately upon grant, and twenty-five percent (25%) on each of September 29, 2024, September 29, 2025 and September 29, 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 twenty-five percent (25%) of the shares underlying the Option upon grant on September 29, 2023, twenty-five percent (25%) on September 29, 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/ Melissa Tosca, Attorney-in-Fact

** Signature of Reporting Person Date

10/03/2023

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.