FORM 4

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

Washington, D.C. 20549

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OMB APP	ROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     Tosca Melissa					<u>K1</u>	2. Issuer Name and Ticker or Trading Symbol KIORA PHARMACEUTICALS INC [ KPRX ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify						
(Last) 332 ENC	ast) (First) (Middle) 32 ENCINITAS BLVD., SUITE 102						3. Date of Earliest Transaction (Month/Day/Year) 03/03/2023								X Officer (give title Offier (specify below)  EVP Finance						
(Street) ENCINI' (City)			92024 (Zip)		4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	e) <mark>X</mark> Form	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n						
		Tab	le I - Nor	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	of, or I	Bene	eficial	ly Owned	k					
Date					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Disposed Code (Instr. 5)		rities Acquired (A) o d Of (D) (Instr. 3, 4			Benefici	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A	() or ()	Price	Transac (Instr. 3	tion(s)			(11001.4)					
Common Stock 03/					3/2023	/2023 A 2,400 <sup>(1)</sup> A		\$ <mark>0</mark>	7,	,400		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. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)		of		6. Date Exercisal Expiration Date (Month/Day/Year)			Amour Securit Underl Derivat	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ow Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	O N O	umber							
Stock Option (right to buy)	\$3.83	03/03/2023			A		1,600		(2)	0	3/03/2033	Commo Stock		1,600	\$0	1,600		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/ Melissa Tosca

03/07/2023

\*\* 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.