FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Nashingt | on, D.C. | 20549 | | |
|----------|----------|-------|--|--|
| | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| l | OMB APPROVAL | | | | | | | | |
|--------------------|------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | | |
| l | Estimated average burd | en | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

| Name and Address of Reporting Person* Gayron Kenneth L | | | | | 2. Issuer Name and Ticker or Trading Symbol KIORA PHARMACEUTICALS INC [KPRX] | | | | | | | | Relationship of Reportin Check all applicable) X Director | | 10% Owner | | vner | | |
|--|---|--------------------------------------|--|-------------|--|------------------------------|-------------------------------------|-----------------------|-----------------------|--|--------------------|--|---|---|--|---|------|--|---|
| (Last) | (Fi | rst) (| Middle) | | | | | | | | | | | | Officer below) | (give title | | Other (below) | specify |
| C/O KIORA PHARMACEUTICALS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | | | | |
| 1371 E. 2100 SOUTH, SUITE 200 | | | | | 02/01/2022 | | | | | | | | | | | | | | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| SALT LA | AKE U | Γ | 34105 | | | | | | | | | | | X | | , | | orting Perso | |
| CITY | | | | | | | | | | | | | | | Form f Persor | orm filed by More than One Reporting erson | | | |
| (City) | (St | ate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-D | Derivat | ive S | Secu | uritie | s Ac | quired | , Dis | sposed o | of, or Be | neficia | ılly (| Owned | i | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) o | | Benefici | | cies Forr cially (D) of Following ed ction(s) | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code V Amount (A) or Drice T | | Transaci (Instr. 3 | | (111501.4) | | | | | | | | | |
| | | Т | able II - De | | | | | | | | | | | | wned | | | <u> </u> | |
| 4 7741 - 6 | | 0. Turning | • | | S, Ca | | | _ | <u> </u> | | converti | | | _ | Daine of | 0 November | | 140 | 44 Notices |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | ite, Tra | Transaction Code (Instr. 8) Secu Acqu (A) o Disp of (D) (Instr. | | of Ex | | Expiration | 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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) |
| | | | | Co | de V | , | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (right to buy) | \$0.77 | 02/01/2022 | | I | | | 5,000 | | (1) | | 02/01/2032 | 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 February 1, 2023.

/s/ Sarah Romano, Attorney-in-02/03/2022 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.