FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPE	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 OF SECURITIES

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

		s)													
1. Name and Address of Reporting Person* Strem Brian M.				2. Issuer Name and Ticker or Trading Symbol KIORA PHARMACEUTICALS INC [KPRX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner				
(Last) (First) (Middle) C/O KIORA PHARMACEUTICALS, INC., 1371 E. 2100 SOUTH, SUITE 200			a nra' 10=1	3. Date of Earliest Transaction (Month/Day/Year) 02/01/2022							X Officer (give title below) Other (specify below) President and CEO				
(Street) SALT LAKE CITY, UT 84105				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing/Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				
(Cit	y)	(State)	(Zip)			Ta	ble I -	- Non-Deriv	vative Securition	s Acquir	ed, Disposed	of, or Bene	ficially Own	ed	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. Dee Execution any (Month)	on Dat	e, if C		8) (A	A) or Disposed onstr. 3, 4 and 5) (A) or mount (D)	of (D) C	. Amount of Dwned Follow Transaction(s) Instr. 3 and 4	ing Reporte	d	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
								in this f	s who respon form are not r	equired	to respond	unless the		ed SEC	1474 (9-02)
			Table II -					in this f display	orm are not r s a currently osed of, or Beno	equired valid ON eficially C	to respond IB control	unless the		ed SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion 5. Solution Signature (I	Numb Deriva curitie cquired Dispo (D) nstr. 3,	er entive s l (A) sed	in this f display nired, Dispo options, co	orm are not rest a currently ased of, or Benonvertible securicisable and Date	equired valid ON eficially (to respond MB control of Dwned and Amount rlying es	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersi Form of Derivati Security Direct (i	11. Natur of Indired Beneficia Ownersh : (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	tion 5. Solution Signature (I	Numb Deriva ecuritie equired Dispos	er ants, er ative lass of (A) sed 4,	in this f display nired, Dispo options, co 6. Date Exe Expiration	orm are not rest a currently osed of, or Benenvertible securreisable and Date y/Year)	equired valid ON eficially (ities) 7. Title a of Unde Securition	to respond MB control of Dwned and Amount rlying es	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownersi Form of Derivati Security Direct (i	11. Natur of Indired Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Strem Brian M. C/O KIORA PHARMACEUTICALS, INC. 1371 E. 2100 SOUTH, SUITE 200 SALT LAKE CITY, UT 84105	X		President and CEO			

Signatures

/s/ Sarah Romano, Attorney-in-Fact*	02/03/2022
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (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 exercisable as to one-third (1/3) of the shares underlying the Option on February 1, 2023, and the remaining balance vests monthly on the first day of each calendar month thereafter for a period of two years.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.