FORM 4

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

UMB APPR	OVAL
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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

(Print or Ty	pe Response	s)													
Name and Address of Reporting Person * Hollander David				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				
	*	(First) RMACEUTICAI JUITE 200		3. Date o 02/01/2			ansac	ction (Month/	Day/Year)	-	Officer (gi	ve title below)	Othe	(specify below)	
SALTI	AKE CITV	(Street) 7, UT 84105		4. If Ame	If Amendment, Date Original Filed(Month/Day/Year)						A. Individual or Joint/Group Filing(Check Applicable Line) Form filed by More than One Reporting Person Form filed by More than One Reporting Person				
(Cit		(State)	(Zip)			Ta	able l	I - Non-Deri	vative Securit	ies Acquir	ed, Disposed	l of, or Ben	eficially Owne	d	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	Executi any	Execution Date, if Code any (A) or Disposed of (D) Or Tr		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			7. Ownership of Be	eneficial wnership				
Reminder:	Report on a s	separate line for eacl		Derivati	ve S	ecuritie	s Acc	Person contain form d	s who responed in this for splays a cur	rm are no rently va	ot required lid OMB co	to respon	d unless the	SEC 14'	74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date Execution any (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction of Code Deriv (Instr. 8) Secur Acqui (A) or Dispo of (D) (Instr.		5. Num of Derivat Securit Acquir (A) or Dispos of (D)	fumber 6. Date Expirative (Month/or or posed D) tr. 3, 4,		rcisable and Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock	Φ 0.55	02/01/2022		A		4,000		(1)	02/01/2032	Comm Stock	on 4 000	\$ 0	4,000	D	
Option (right to buy)	\$ 0.77	02,01,2022													

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Hollander David C/O KIORA PHARMACEUTICALS, INC. 1371 E. 2100 SOUTH, SUITE 200 SALT LAKE CITY, UT 84105	X						

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).
- The reporting person received an Option to purchase Common Stock from the Issuer pursuant to the Issuer's 2014 Equity Incentive Plan in connection with the Reporting Person's (1) appointment to the Issuer's Board of Directors. 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.
- (2) 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.

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.