FORM	4
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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).

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

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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

(Find of Type Responses)								i			
1. Name and Address of Reporting Person [*] Daniels Eric Joseph	2. Issuer Name and KIORA PHARM			0 0		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) C/O KIORA PHARMACEUTICAL E. 2100 SOUTH, SUITE 200	G TI I G (A	3. Date of Earliest Tr 02/01/2022	ransaction (Montl	h/Day/Yea	ar)	X_Officer (give title below) Other (specify below) Chief Development Officer				
(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 PersonForm filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	ion Date, if Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)	. ,	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transact	action of Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	Securities		(Month/Day/Year)		Securities		Security			Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)					(Instr. 3 and 4)		(Instr. 5)	-	Derivative	-	
	Derivative				or Disposed							Owned	~	(Instr. 4)	
	Security			of (D)								Direct (D)			
				(Instr. 3, 4,							1	or Indirect			
					and 5)							Transaction(s)	< / <		
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration		or				
								Exercisable		Title	Number				
					x 7						of				
				Code	V	(A)	(D)				Shares				
Stock															
Option	• • - -							(1)		Common Stock					
(right to	\$ 0.77	02/01/2022		A		25,000		<u>(1)</u>	02/01/2032	Stock	25,000	\$ 0	25,000	D	
										Stock					
buy)															

Reporting Owners

	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Daniels Eric Joseph C/O KIORA PHARMACEUTICALS, INC. 1371 E. 2100 SOUTH, SUITE 200 SALT LAKE CITY, UT 84105			Chief Development Officer				

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.