## FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	0.5

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

	pe Response	8)														_
1. Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Parsons Erin  (Last) (First) (Middle)  C/O KIORA PHARMACEUTICALS, INC., 1371  E. 2100 SOUTH, SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 02/01/2022						X	_ Director Officer (giv	e title below)	10%	6 Owner er (specify below	)	
E. 2100 SOUTH, SUTTE 200 (Street)				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						
		Y, UT 84105									— r	orm med by	wore than One	Reporting Perso	1	
(City	y)	(State)	(Zip)			Ta	able l	I - Non-Deri	vative Securi	ties Acqu	ired,	Disposed	of, or Bene	eficially Owr	ed	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date any (Month/Day/Y		ate, if Code (Inst		(4	4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)				ring Reporte	ed	Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
							Co	ode V A	mount (A)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			(I) (Instr. 4)		
								contair	s who resp led in this f splays a cu	orm are	not r	equired	to respon	d unless the		474 (9-02)
	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion	5. Num of Deriva Securit	rants  ber  tive ties		Date	urities)	e and . lerlyir	Amount		9. Number of Derivative Securities Beneficially	Ownershi Form of Derivativ	
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#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Parsons Erin 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.