FORM 4

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

OMB APPE	
OMB Number:	3235-0287
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nours 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

(I IIII OI I)	pe Response													
1. Name and Address of Reporting Person* Gayron Kenneth L			2. Issuer Name and Ticker or Trading Symbol KIORA PHARMACEUTICALS INC [KPRX]				V1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
	*	(First) RMACEUTICA UITE 200		3. Date of Earliest Transaction (Month/Day/Year) 02/01/2022			-	Officer (giv	ve title below)	Othe	er (specify below))		
SALT L	AKE CITY	(Street) 7, UT 84105		4. If Ame	endment, D	ate Or	iginal Filed(1	Month/Day/Year)		X_ Form filed by	One Reporting	up Filing(Check g Person Reporting Person)
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu				ies Acquir	luired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	on Date, if	Code (Instr	;	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		. Amount of Owned Follow Transaction(s)	ving Reporte	ed (Ownership of Borm:	eneficial	
				(Month/	Day/Year)		ode V	Amount (A) o		(I)		or Indirect (In	wnership nstr. 4)	
Reminder:	•							ns who respo ned in this fo						174 (9-02)
Reminder:	•		Table II -	Derivativ	ve Securit	ies Ac	contai form d	ns who responed in this following the list of the list	rm are no rently val	ot required lid OMB co	to respon	d unless the		174 (9-02)
1. Title of	·		3A. Deemed Execution Date, if	4. Transac Code	s, calls, wittion of Deriv) Securi Acqui (A) of Dispo of (D	mber rative rities ired r	contai form d quired, Disp s, options, c	ned in this for lisplays a cur- cosed of, or Be convertible secretisable and Date	rm are no rently val neficially (prities)	ot required lid OMB co Owned and Amount clying	to respondent of number of number 18. Price of	d unless the	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Beneficity Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	s, calls, wittion of Deriv) Securi Acqui (A) of Dispo of (D	mber ative rities ired r osed) . 3, 4,	contai form d quired, Disp s, options, c 6. Date Ex Expiration (Month/Da	ned in this folisplays a cui	rm are no rently value of the area of Under Securities	ot required lid OMB co Owned and Amount clying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Gayron Kenneth L 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).
- (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.

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.