FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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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

1. Name and Address of Reporting Person* Romano Sarah			2. Issuer Name and Ticker or Trading Symbol KIORA PHARMACEUTICALS INC [KPRX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(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_ Officer (give title below) Other (specify below) Chief Financial 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) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu						uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if		ate, if C	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities E Owned Following Report Transaction(s)		ed C	Ownership of Form: Be	Nature Indirect eneficial	
				(Month	/Day/	Year)	Cod	le V A	(A) or		(Instr. 3 and 4) Direct (D) or Indirect (I)		r Indirect (Ir	wnership nstr. 4)	
Reminder:									s who respo						74 (9-02)
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1. Title of	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	4. Transac Code	ts, ca	lls, warr 5. Numb	er ative s d (A) sed	in this display uired, Disp options, co	form are not as a currently cosed of, or Ben onvertible secuercisable and Date	required valid O eficially rities) 7. Title of Und Security	d to respond MB control Owned e and Amount lerlying	unless the number.	9. Number of	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ts, ca	Ils, warr 5. Numb of Deriva Securitie Acquired or Dispos of (D) (Instr. 3,	er ative s d (A) sed	in this display uired, Disp options, co 6. Date Exc Expiration	form are not as a currently osed of, or Bennvertible securitishes and Date y/Year)	required valid O eficially rities) 7. Title of Und Security	d to respond MB control Owned e and Amount lerlying ties	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia Ownersh

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

Signatures

/s/ Sarah Romano	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.