The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 **FORM D**

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OMB APPROVAL OMB Number: 3235-0076 Estimated average burden hours per response: 4.00

Notice of Exempt Offering of Securities

1. Issuer's Identity					
		Previous [╗		
CIK (Filer ID Number)		Names	None		Entity Type
			YEGATE PHARMACEUTICALS		X Corporation
Name of Issuer		INC			Limited Partnership
KIORA PHARMACEUTICALS INC					Limited Liability Company
Jurisdiction of Incorporation/Organi	ization				General Partnership
DELAWARE Year of Incorporation/Organization					
X Over Five Years Ago					Business Trust
	Voor\				Other (Specify)
Within Last Five Years (Specify	rear)				
Yet to Be Formed					
2. Principal Place of Business an	d Contact Inform	ation			
Name of Issuer					
KIORA PHARMACEUTICALS INC					
Street Address 1			Street Address 2		
332 ENCINITAS BOULEVARD	0		SUITE 102		5
City	State/Province/C	country	ZIP/PostalCode		Phone Number of Issuer
ENCINITAS	CALIFORNIA		92024		781-788-9043
3. Related Persons					
Last Name	First	Name		Middle Na	ime
Strem	Brian				
Street Address 1	Stre	et Address 2			
332 Encinitas Blvd, Suite 102 City	State	e/Province/Country	,	ZIP/Posta	ICodo
Encinitas		JFORNIA	,	92024	Code
Relationship: X Executive Officer)2021	
Clarification of Response (if Necess		10101			
President and Chief Executive Officer	saiy).				
		N.		NAC LIL NI	
Last Name	First Meli	: Name		Middle Na	me
Tosca Street Address 1		et Address 2			
332 Encinitas Blvd, Suite 102	Oli O	ct / tddi coo Z			
City	State	e/Province/Country	/	ZIP/Posta	lCode
Encinitas		IFORNIA		92024	
Relationship: X Executive Officer	Director Prom	oter			
Clarification of Response (if Necess	sary):				
Executive VP of Finance					
Last Name	First	: Name		Middle Na	ime
Daniels	Eric				
Street Address 1	Stre	et Address 2			
332 Encinitas Blvd, Suite 102					
City		e/Province/Country	/	ZIP/Posta	lCode
Encinitas	CAL	IFORNIA		92024	

Relationship: X Executive Officer Director	Promoter	
Clarification of Response (if Necessary):		
Chief Development Officer		
Last Name	First Name	Middle Name
Chancy	Paul	
Street Address 1	Street Address 2	
332 Encinitas Blvd, Suite 102	State/Dravings/Country	ZID/DoctolCodo
City Encinitas	State/Province/Country CALIFORNIA	ZIP/PostalCode 92024
		92024
Relationship: Executive Officer X Director	Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Shapiro	Aron	
Street Address 1	Street Address 2	
332 Encinitas Blvd, Suite 102		
City	State/Province/Country	ZIP/PostalCode
Encinitas	CALIFORNIA	92024
Relationship: Executive Officer X Director	Promoter	
Clarification of Response (if Necessary):	Tromoto.	
Ciamication of Nesponse (if Necessary).		
Last Name	First Name	Middle Name
Gayron	Kenneth	
Street Address 1	Street Address 2	
332 Encinitas Blvd, Suite 102		
City	State/Province/Country	ZIP/PostalCode
Encinitas	CALIFORNIA	92024
Relationship: Executive Officer X Director	Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Tyle	Praveen	made Hame
Street Address 1	Street Address 2	
332 Encinitas Blvd, Suite 102		
City	State/Province/Country	ZIP/PostalCode
Encinitas	CALIFORNIA	92024
Relationship: Executive Officer X Director		202.
Treduction in P. Excoditive Officer M. Birector	Tromotor	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Hollander	David	
Street Address 1	Street Address 2	
332 Encinitas Blvd, Suite 102		
City	State/Province/Country	ZIP/PostalCode
Encinitas	CALIFORNIA	92024
Relationship: Executive Officer X Director	Promoter	
Clarification of Response (if Necessary):		
Leat Name	First Name	Middle News
Last Name	First Name	Middle Name
Parsons	Erin	
Street Address 1	Street Address 2	
332 Encinitas Blvd, Suite 102	01.1.15	7/0/0 4 40 4
City	State/Province/Country	ZIP/PostalCode
Encinitas	CALIFORNIA	92024
Relationship: Executive Officer Director	Promoter	
Clarification of Response (if Necessary):		

4. Industry Group					
Agriculture	Health Care	□ Retailing			
Banking & Financial Services	Biotechnology	Retailing			
Commercial Banking	Health Insurance	Restaurants			
Insurance		Technology □			
Investing	Hospitals & Physicians	Computers			
Investment Banking	X Pharmaceuticals	Telecommunications			
Pooled Investment Fund	Other Health Care	Other Technology			
Is the issuer registered as	Manufacturing	Travel			
an investment company under the Investment Company	Real Estate	Airlines & Airports			
Act of 1940?	Commercial	Lodging & Conventions			
Yes No	Construction				
Other Banking & Financial Services	REITS & Finance	Tourism & Travel Services			
Business Services		Other Travel			
Energy	Residential	Other			
Coal Mining	Other Real Estate				
Electric Utilities					
Energy Conservation					
Environmental Services					
□ □ Oil & Gas					
Other Energy					
5. Issuer Size					
Revenue Range OR	Aggregate Net	Asset Value Range			
No Revenues	No Aggregate	e Net Asset Value			
\$1 - \$1,000,000	\$1 - \$5,000,0	100			
\$1,000,001 - \$5,000,000	\$5,000,001 -	\$25,000,000			
\$5,000,001 - \$25,000,000	\$25,000,001	- \$50,000,000			
\$25,000,001 - \$100,000,000	\$50,000,001	- \$100,000,000			
Over \$100,000,000	Over \$100,00	00,000			
X Decline to Disclose	Decline to Dis	sclose			
Not Applicable	Not Applicable				
6. Federal Exemption(s) and Exclusion(s)	Claimed (select all that app	oly)			
	П	10 10 10 10 10			
		nt Company Act Section 3(c)			
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3	(c)(1) Section 3(c)(9)			
Rule 504 (b)(1)(i)	Section 3	(c)(2) Section 3(c)(10)			
Rule 504 (b)(1)(ii)	Section 3	(c)(3) Section 3(c)(11)			
Rule 504 (b)(1)(iii)	Section 3	(c)(4) Section 3(c)(12)			
X Rule 506(b)					
Rule 506(c)	Section 3				
Securities Act Section 4(a)(5)	Section 3	(c)(6) Section 3(c)(14)			
	Section 3	(c)(7)			
7. Type of Filing					
X New Notice Date of First Sale X First S	Sale Yet to Occur				
Amendment					
Ш					

8. Duration of Offering		
Does the Issuer intend this offering to last more than one year? X Ye	es No	
9. Type(s) of Securities Offered (select all that apply)		
X Equity	Pooled Investment Fund Interests	
Debt	Tenant-in-Common Securities	
Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities	
Security to be Acquired Upon Exercise of Option, Warrant or Other F		
10. Business Combination Transaction		
Is this offering being made in connection with a business combination to or exchange offer?	transaction, such as a merger, acquisition $Yes X$ No	
Clarification of Response (if Necessary):		
11. Minimum Investment		
Minimum investment accepted from any outside investor \$0 USD		
12. Sales Compensation		
Recipient	Recipient CRD Number X None	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None	
Street Address 1	Street Address 2	
City	State/Province/Country ZIP/Postal C	ode
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US	
13. Offering and Sales Amounts		
Total Offering Amount \$10,000,000 USD or Indefinite		
Total Amount Sold \$0 USD		
Total Remaining to be Sold \$10,000,000 USD or Indefinite		
Clarification of Response (if Necessary):		
the issuer's Current Report on Form 8-K filed on February 3, 2023.	ay be issued in the future pursuant to a Purchase Agreement between the issuer and the in	vestor. S
14. Investors		
\sqcup such non-accredited investors who already have invested in the offer	be sold to persons who do not qualify as accredited investors, enter the	
15. Sales Commissions & Finder's Fees Expenses		
	expenses, if any. If the amount of an expenditure is not known, provide an estimate	ate and
check the box next to the amount.	expenses, if any. If the amount of an expenditure is not known, provide an estima	ale and
Sales Commissions \$0 USD Estimate		
Finders' Fees \$0 USD Estimate		
Clarification of Response (if Necessary):		
16. Use of Proceeds		
	or is proposed to be used for payments to any of the persons required to be named the amount is unknown, provide an estimate and check the box next to the amount is unknown, provide an estimate and check the box next to the amount is unknown, provide an estimate and check the box next to the amount is unknown.	
\$0 USD Estimate		
Clarification of Response (if Necessary):		
Some of the proceeds may be used for working capital and other general corpo	orate purposes, which may include the payment of salaries and other fees to those listed in	ı Item 3.
Signature and Submission		

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the
 accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
KIORA PHARMACEUTICALS INC	/s/ Melissa Tosca	Melissa Tosca	EVP of Finance	2023-02-17

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud whority.