FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

affirmative defens 10b5-1(c). See In:	e conditions of Rule struction 10.						
1. Name and Address Tosca Meliss		son*	2. Issuer Name and Ticker or Trading Symbol <u>KIORA PHARMACEUTICALS INC</u> [KPRX]		tionship of Reporting Pers all applicable) Director	son(s) to Issuer	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024	X	Officer (give title below)	Other (specify below)	
C/O KIORA PH	ARMACEUTIC	CALS, INC.			CFO		
332 ENCINITA	S BLVD., SUIT	E 102	4. If Amendment, Date of Original Filed (Month/Day/Year)	1	ridual or Joint/Group Filing	, , , , ,	
(Street)				X	Form filed by One Rep	n One Reporting Person	
ENCINITAS	CA	92024			Tom med by More tha	ii 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)	 3. Transac Code (In 8)		Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D)	Beneficial Ownership
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	07/01/2024	A		7,620(1)	A	\$0	11,599	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		5. Numb Derivativ Securitie Acquired or Dispo (D) (Instiand 5)	ve es d (A) esed of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (right to buy)	\$4.35	07/01/2024		A		15,239		07/01/2025(2)	07/01/2034	Common Stock	15,239	\$0	15,239	D	

Explanation of Responses:

- 1. Grant of restricted stock from the Issuer pursuant to the Issuer's 2024 Equity Incentive Plan (the "Plan"). The restrictions will vest as to one-third (1/3) of the shares on each of July 1, 2025, July 1, 2026 and July 1, 2027, subject to the reporting person's continuous service through each such vesting date.
- 2. The reporting person received an option to purchase Common Stock from the Issuer pursuant to the Plan. The option will become exercisable as to one-third (1/3) of the shares underlying the Option on July 1, 2025, and the remaining balance vests monthly on the first day of each calendar month thereafter for a period of two years, subject to the reporting person's continuous service through each such vesting date.

Remarks:

/s/ Melissa Tosca, Attorney-in-

07/03/2024

Fact

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.