FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

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

| 1. Name and Address of Reporting Person* Stengone Carmine N. | | | 2. Issuer Name and Ticker or Trading Symbol KIORA PHARMACEUTICALS INC [KPRX] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|---------|-------|--|--|--|----------------|--|--|
| (Last) (First) C/O KIORA PHARMACEUTICAI 332 ENCINITAS BLVD., SUITE 1 | | | | - | Officer (give title | Other (specify | | |
| | | · | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2025 | | below) | below) | | |
| (Street) ENCINITAS | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi X | 6. Individual or Joint/Group Filing (Check Applicab X Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | Date (Month/Day/Year) | Execution Date, | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|--|--------------------------|-----------------|-----------------------------|---|--------|---------------|-------|--|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | 3 and 4) | | (Instr. 4) |

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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 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) | \$2.93 | 04/01/2025 | | Α | | 20,000 | | 04/01/2026 ⁽¹⁾ | 04/01/2035 | Common Stock | 20,000 | \$0 | 20,000 | D | |

Explanation of Responses:

1. The reporting person received an Option to purchase Common Stock from the Issuer pursuant to the Issuer's 2024 Equity Incentive Plan. The Option will become fully exercisable on April 1, 2026. **Remarks:**

/s/ Melissa Tosca, Attorney-in-Fact 04/02/2025

** 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.