SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ct to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OWR APP	ROVAL
OMB Number:	3235-0287
Estimated average b	urden
hours por response:	0.5

	tion 1(b).	ue. See		File							ities Exchan		of 1934	1		hou	rs per	response:	0.5
1. Name and Address of Reporting Person [*]						2. Issuer Name and Ticker or Trading Symbol <u>OptimizeRx Corp</u> [OPRX]									Relationshi leck all ap Diree	olicable)	-	erson(s) to X 10%	lssuer Owner
(Last) (First) (Middle) SEA CONTAINERS 18 UPPER GROUND						3. Date of Earliest Transaction (Month/Day/Year) 12/20/2018									Offic belo	er (give title w)	9	Other below	r (specify V)
(Street) LONDO	N X() :	SE1 9GI (Zip)	L	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	e) Forr	n filed by O n filed by M	ne Re	ing (Check . porting Per ian One Re	son			
		Tab	le I - No	on-Deriv	vative	Sec	curitie	s Ac	quirec	l, Di	sposed o	f, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) Date (Month/Da				Execution Date,			3. Transa Code (8)							es ially Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or F	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 12/20			12/20/	2018	2018		s		2,103,70	2 I) (1)			0		I	See Footnote ⁽²⁾		
		Ta									osed of, convertib				Owned				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Derivat			6. Date Expirat (Month	ion Da			[5 (B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber					
1. Name ar <u>WPP p</u>		Reporting Person*		,															
(Last)		(First)	(Mic	ddle)															
SEA CO	NTAINERS)																	

(Street)		
LONDON	X0	SE1 9GL
(City)	(State)	(Zip)
	ess of Reporting Perso Ibourg Gamma	

(Last)	(First)	(Middle)
124 BOULEVARD	DE LA PETRUSSE	
(Street)	N4	L-2330
	114	L-2550
(City)	(State)	(Zip)

Explanation of Responses:

18 UPPER GROUND

1. These shares were disposed of on December 20, 2018 in an underwritten public offering (the "Offering"), pursuant to the underwriting agreement, dated December 18, 2018 (the "2018 Underwriting Agreement"), by and among OptimizeRx Corporation (the "Company"), WPP Luxembourg Gamma Three S.a r.l. ("Lux Gamma Three") and William Blair & Company, L.L.C. and B. Riley FBR, Inc. as representatives of the several Underwriters named in Schedule II thereto (the "Underwriters"). Pursuant to the Underwriting Agreement, Lux Gamma Three sold the shares to the Underwriters at a price per share of U.S. \$9.45. As a result of the completion of the Offering, WPP plc and Lux Gamma Three ceased to be beneficial owners of more than ten percent of the outstanding shares of common stock of the Company.

2. The disposed shares were owned directly by Lux Gamma Three, which is a wholly-owned subsidiary of WPP plc that WPP plc owns indirectly through a series of intervening holding companies. WPP plc was an indirect beneficial owner of the reported securities.

<u>WPP plc, By: /s/ Paul W.G.</u> <u>Richardson</u>	<u>12/20/2018</u>
<u>WPP Luxembourg Gamma</u> <u>Three S.a r. l., By: /s/ Anne</u> <u>Ehrismann</u>	<u>12/20/2018</u>
<u>WPP Luxembourg Gamma</u> <u>Three S.a r. l., By: /s/ Thierry</u> <u>Lenders</u>	<u>12/20/2018</u>
** Signature of Reporting Person	Date

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

 \ast 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.