FORM 4

UNITED STAT

Washington, D.C. 20549

TES SECURITIES AND EXCHANGE COMMISSION
--

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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

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

See In:	struction 10.	Rule 10b5-1(c).			2 January	or Nome and Tie	kor or Tr	adina (Cumbol.			15.5	Polotionohin	of Donorting	n Doroon(o) to lo	ouer	
1. Name and Address of Reporting Person* Odence-Ford Marion					2. Issuer Name and Ticker or Trading Symbol OptimizeRx Corp [OPRX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	Last) (First) (Middle) C/O OPTIMIZERX CORPORATION 60 CHARLES STREET, SUITE 302				3. Date of Earliest Transaction (Month/Day/Year) 10/03/2024								Officer (give title Other (specify below) General Counsel and CCO				
(Street) WALTHAM MA 02453					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	•	(Zip)	n-Deriv	rative S	ocurities Ac	quired	Die	nosad	of o	or Ben	oficial	ly Owner	٠			
Table I - Non-Deriv. 1. Title of Security (Instr. 3) 2. Transa Date (Month/D			action	2A. Deemed Execution Date if any (Month/Day/Yea	3. Transaction Code (Instr.		4. Securities Acquired (A			(A) or	5. Amou Securiti Benefic Owned	int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 4)	
Common Stock 10/03				/2024		M		6,64	9) A		25	,147	D			
Common Stock 10/03				/2024	2024			1,95	2	D \$7		(2) 23	,195	D			
		Т				curities Acq lls, warrants							Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative			Transactio Code (Inst		6. Date Exercisable Expiration Date (Month/Day/Year)		Amount of		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned	Ownership Form:	Beneficial Ownership			

Explanation of Responses:

Security

1. Restricted stock units convert into common stock on a one-for-one basis

10/03/2024

2. These shares were withheld by the Issuer to satisfy the Reporting Person's tax withholding obligations. Such withholding is treated as a disposition of securities under Section 16 of the Securities Exchange

Date

Exercisable

(3)

Expiration

(3)

(A) or Disposed of (D)

(Instr. 3. 4

and 5)

(A) (D)

6,649

3. The restricted stock units vest in three equal annual installments beginning October 3, 2023, the first anniversary of the grant date.

Code

Remarks:

Restricted

Stock

The filing of this Statement shall not be construed as an admission (a) that the person filing this Statement is, for the purposes of Section 16 of the Securities Exchange Act of 1934, as amended, the beneficial owner of any equity securities covered by this Statement, or (b) that this Statement is legally required to be filed by such person.

> 10/07/2024 /s/ Marion K. Odence-Ford

Following Reported

(Instr. 4)

Transaction(s)

6,649

(I) (Instr. 4)

D

** Signature of Reporting Person Date

(Instr. 3 and 4)

Title

Stock

Amount Number

Shares

6,649

\$<mark>0</mark>

of

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.