FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<i>N</i> ashington, D.C	. 20549
-------------------------	---------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APP	ROVAL						
OMB Number:	3235-0287						
Estimated average I	ourden						
hours per response:	0.5						

					J. JCC	50011 50	(11)	01 1110 11	IIVCSUIICIII	. 001	inpurity Act	. 0. 10.								
1. Name and Address of Reporting Person* <u>Lang James Paul</u>					2. Issuer Name and Ticker or Trading Symbol OptimizeRx Corp [OPRX]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				- 1	1				L= L	-					X Dire	ctor		10% O	wner	
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/29/2021										Officer (give title Other below) below			specify		
400 WAT	TER STRE	ET, SUITE 200																		
					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)												•		Lin	,			• (.	
ROCHE	STER M	11	48307												X Forr	n filed by C	ne Rep	orting Pers	on	
																	lore tha	an One Rep	orting	
(City)	(6	State)	(Zip)												Pers	SON				
(City)	(<	olale)	(Zip)																	
		Tab	le I - Non-D	erivati	ve S	ecuri	ties	s Acc	quired,	Dis	posed (of, o	r Ber	neficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				te		Execu	A. Deemed Execution Date, f any Month/Day/Year		, Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,			d Secur Benef Owner	cially I Following	Forn (D) c	i. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
		Т	able II - Dei												y Owne	d				
			(e.g	J., put	s, ca	lls, w	arr	ants,	option	s, c	onverti	ible s	secu	rities)						
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)	Cod	Transactio Code (Inst				6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Coo	ie V	(A	,		Date Exercisable		xpiration ate	Title		Amount or Number of Shares						
Restricted					+	Ť	+	-		+						+			+	
Stock	(1)	09/29/2021		l A		33	34 l		(2)		(3)	Com	mon	334	\$0.00	33	4	D	1	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock.
- 2. Grant to the Reporting Person of restricted stock units under the OptimizeRx Corp. 2021 Equity Incentive Plan. The restricted stock units granted vest on September 29, 2022, subject to continued service to the issuer through the vesting date. This restricted stock units granted are subject to accelerated vesting in the event that the recipient is subject to a qualified termination within a specified period of time prior to or following the closing of a change in control transaction.

3. Not applicable.

Units

/s/ Doug Baker, POA for James 10/01/2021 Lang

Stock

** 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.