SEC For	m 4 FORM	4 l	JNITED ST	TES	S SE					HA	NGE C	ОММ	ISSION				
Washington, D.C. 20549															OMB APPROVA		VAL
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					suant to	Secti	on 16(	<b>ES IN B</b>	urities Exc		RSHIP		OMB Number: 32 Estimated average burden hours per response:		3235-0287 n 0.5		
1. Name and Address of Reporting Person* Lang James Paul								cker or Tradii 0 <u>rp</u> [ OPRX			Relationship neck all appli X Directe	icable)	10% Ov				
(Last) (First) (Middle) C/O OPTIMIZERX CORPORATION					Date of / <mark>30/20</mark>		st Trai	nsaction (Mor	nth/Day/Ye		Office below	r (give title )		Other (s below)	specify		
400 WATER STREET, SUITE 200 (Street)				- 4.1	f Amen	Idment	t, Date	of Original F	iled (Mon		Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person						
ROCHESTER MI 48307				_									Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)														
		Tab	e I - Non-Deri	vative	e Sec	uritie	es Ao	cquired, D	ispose	ed o	f, or Bei	neficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transat Date (Month/Da				saction	Execution			a, 3. Transact Code (In	4. Se ion Disp			d (A) or	d 5. Amou Securitie Benefici Owned I	5. Amount of 6. 0 Securities For Beneficially (D)		n: Direct or Indirect I nstr. 4)	7. Nature of Indirect Beneficial Ownership
								Code \	/ Amo	ount	t (A) or (D) Pi		Transac				(Instr. 4)
		т	able II - Deriva (e.g.,					quired, Dis s, options					y Owned				
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)				6. Date Exercisable 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)	9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy J	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expirati Date			Amount or Number of Shares					
Restricted Stock	(1)	03/30/2022		A		657		(2)	(2)	ĺ	Common Stock	657	\$0	657		D	

## Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of OptimizeRx common stock.

2. The restricted stock units vest on March 30, 2023.

**Remarks:** 

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.

<u>/s/ Doug Baker POA for James</u>	04/01/2022
Paul Lang	04/01/2022

\*\* 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.