FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Paramore Miriam J			2. Date of Even Requiring State Month/Day/Yea 08/01/2017	ment	3. Issuer Name and Ticker or Trading Symbol OptimizeRx Corp [OPRX]							
(Last) (First) (Middle) 400 WATER STREET, SUITE 200					Relationship of Reporting Perso (Check all applicable) Director		son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) ROCHESTER MI 48307					X	Officer (give title below) President	Other (spec	App		Individual or Joint/Group Filing (Check oplicable Line) X Form filed by One Reporting Persor Form filed by More than One		
(City)	(State)	(Zip)								Reporting Pe		
		7	Table I - No	n-Deriva	tive S	ecurities Beneficiall	y Owned					
1. Title of Security (Instr. 4)					int of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr			4. Convers or Exerc	sion C cise F	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	1 Title		Amount or Number of Shares	Derivati Security	ve	Direct (D) or Indirect (I) (Instr. 5)		
Option			07/27/2018	07/31/2022		Common Stock	500,000	1.05	-	D		

Explanation of Responses:

/s/ Miriam J. Paramore

08/10/2017

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).