FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* WASSON GREGORY D	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 07/21/2020 3. Issuer Name and Ticker or Trading Symbol OptimizeRx Corp [OPRX]					
(Last) (First) (Middle) 400 WATER STREET, SUITE 200 (Street) ROCHESTER MI 48307 (City) (State) (Zip)	07/21/2020		4. Relationship of Reporting Issuer (Check all applicable) X Director Officer (give title below)	10% C	wner 6. (C	If Amendment, Date of Original liled (Month/Day/Year) Individual or Joint/Group Filing Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)			Nature of Indirect Beneficial vnership (Instr. 5)	
Common			0	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable an Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Se Underlying Derivative Se (Instr. 4)		4. Conversion or Exercise	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date		Amount or Number of Shares	Price of Derivative Security	ive or Indirect	5)

Explanation of Responses:

/s/ Gregory Wasson

08/11/2020

** 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 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).

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.