FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
houre per reenonee.	0.5							

_	Check this box if no longer subject to Section 16.
$\cup$	Form 4 or Form 5 obligations may continue. See
	Instruction 1(h)

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

Name and Address of Reporting Person*     Stelmakh Edward					2. Issuer Name and Ticker or Trading Symbol OptimizeRx Corp [ OPRX ]					(Check all	Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner				
(Last) (First) (Middle) C/O OPTIMIZERX CORPORATION 400 WATER STREET, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 10/03/2022					X	X Officer (give title below) Other (specify below)  CFO/COO				
(Street) ROCHESTER (City)	MI (State)	48 (Zij	307	4	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individu	dividual 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 Acquired, Disposed of, or Beneficially Owned															
Da				Date	insaction th/Day/Ye	Execut ar) if any	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)		·	5. Amount of Secur Beneficially Owned Following Reported Transaction(s) (Inst		nership Form: t (D) or ect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
					(Month/Day/Tear)		Code V	Amount	(A) or (D)		and 4)			(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	(Month/Day/Year) of vative	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	Γ΄ ΄	
Restricted Stock Units	(1)	10/03/2022		A		49,867		(2)	(2)	Common Stock	49,867	\$0	49,867	D	
Stock Option	\$15.04	10/03/2022		A		97,637		(3)	10/02/2027	Common Stock	97,637	\$0	97,637	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 in three equal annual installments beginning October 3, 2023, the first anniversary of the grant date.
- 3. The stock option vests in three equal annual installments beginning October 3, 2023, the first anniversary of the grant date.

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.

/s/ Marion Odence-Ford, by Power of <u>Attorney</u>

\*\* Signature of Reporting Person

10/04/2022

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.

POWER OF ATTORNEY

Know by all these presents, that the undersigned hereby constitutes and appoints Marion Odence-Ford, with the full power of substitution, the 1. execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of OptimizeRx Corporation (the "Co 2. do and complete any and all acts for and on behalf the undersigned which may be necessary or desirable to complete and execute any such Form 3. take any other action of type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit The undersigned hereby grants to such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever required This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respective Numbers of Such attorney to be executed as of this 4th of October, 2022.

/s/ Edward Stelmakh

Signature

Edward Stelmakh

Print Name