FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, 2.5. 250 to	OMB APPROVA			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	323		
	d = e - e - e			

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

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

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response	: 0.5						

Name and Address of Reporting Person* Besch Doug				2. Issuer Name and Ticker or Trading Symbol OptimizeRx Corp [OPRX]									heck all app Direc	licable) tor	ng Per	10% Ov	vner		
(Last)	(Fii	,	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024							^ belov	er (give title v) Chief Prod	duct (Other (s below) Officer	sресіту 			
C/O OPTIMIZERX CORPORATION 260 CHARLES STREET, SUITE 302			4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)								
(Street) WALTH	AM M.	A 0	2453													filed by Mo		orting Personn one Repo	
(City)	(St	ate) (Ž	<u>Z</u> ip)		Rule 10b5-1(c) Transaction Indication														
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							nded to											
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			y/Year) Execution		cution y	ition Date, Transactio							nd Securit Benefit Owned	ties Fo cially (D) d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A (D	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 02/1.			02/15/	/2024		A	V	4,000(1)) A \$0		0 7,848			D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Conversion or Exercise Price of Derivative Security		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo of (D (Instr	Derivative (Month/Day/ Securities Acquired A) or Disposed		ion Da	te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		f 9	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V (A) (D		(D)	Date Expiration Date		Title	or Nur of	ount mber ares							

Explanation of Responses:

1. Grant of restricted stock units representing a contingent right to receive shares of OptimizeRx common stock. The restricted stock units will vest in full on February 15, 2025, which is the first anniversary of the date of grant.

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.

/s/ Marion Odence-Ford, by Power of Attorney

04/24/2024

** 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.