FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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hours per response:	0.5							

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

1. Name and Address of Reporting Person*  McCarthy Brian Clark					2. Issuer Name and Ticker or Trading Symbol OptimizeRx Corp [ OPRX ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last)	,	rst) CORPORATIO	(Middle)		3. Date of Earliest Transaction (Month/Day 08/02/2024			/Day/Year)			below)	hief Reve	есіту			
260 CHARLES STREET, SUITE 302				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person					
(Street) WALTH	AM M	Α	02453								I.N	_	led by More		•	ng
(City)	(St	tate)	(Zip)	R	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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										satisfy						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date				Transactio ate Ionth/Day/Y	Execution Date,		Code (Instr. 5)			5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	6. Owner Form: D (D) or Ir (I) (Insti	Direct In ndirect B r. 4) O	7. Nature of Indirect Beneficial Ownership		
							Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
			transa Code	ansaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly C	0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option	\$10.49	08/02/2024		A		18,677		08/02/2025 <sup>(1)</sup>	08/02/2027	Common Stock	18,677	\$0	18,677		D	
Restricted Stock Units	(2)	08/02/2024		A		9,533		08/02/2025 <sup>(2)</sup>	08/02/2027	Common Stock	9,533	\$0	9,533		D	

## **Explanation of Responses:**

- 1. The Stock Option will vest 1/3 at the end of each anniversary from issuance.
- 2. Each restricted stock unit represents a contingent right to receive one share of OptimizeRx's common stock. The restricted stock units will vest 1/3 at the end of each anniversary from issuance. Any restricted stock unit that has not been earned and vested as of the third anniversary of the grant date will be forfeited. Vesting of the restricted stock units shall accelerate upon a qualifying termination.

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 08/05/2024 Power of Attorney

\*\* 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.