FORM 4

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

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

Vashington,	D.C.	20549

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

1. Name and Address of Reporting Person* WASSON GREGORY D					2. Issuer Name <b>and</b> Ticker or Trading Symbol OptimizeRx Corp [ OPRX ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
	JIV GICE	<u>JORT D</u>											X Direct			10% Ov						
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023									Office below	r (give title )		Other (s below)	specify			
C/O OPT	IMIZERX	CORPORATIO	N		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										Joint/Group	Filing	g (Check Ap	plicable			
400 WAT	ER STRE	ET, SUITE 200				, , , , , , , , , , , , , , , , , , , ,								- 1	Line) X Form filed by One Reporting Person							
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(Street)	STER M	т .	48307												Perso		e illai	TOTIE Repu	Tung			
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(City)	(S	tate)	(Zip)		'``	JIC 1	000	, ,(0	, mai	340		aicatio										
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Sausiy ille									o deletioe	OOTIGILI	ono or raic	1000 1(0).		111000000								
		Tabl	e I - Non	-Deriv	ative	Sec	uritie	es Ac	quire	l, Dis	posed	of, or B	ene	eficial	y Owne	d						
1. Title of Security (Instr. 3)  2. Transa Date (Month/L				Execution Date,			, Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 ar			5. Amount of Securities Beneficially Owned Following		Form (D) or	: Direct r Indirect	7. Nature of Indirect Beneficial Ownership						
						(		onthis Buy, roun				(A)	or		Reporte Transac	d [	(.) (	(Instr. 4)				
									Code	· V	Amount	(A) (D)	<u>.                                    </u>	Price	(Instr. 3							
Common Stock 03/3				03/31	/2023	/2023			M		657 A		\	<b>\$0</b> (1)	19,331			D				
		Т	able II - D	Deriva	tive S	Secu	rities	Acq	uired.	Disp	osed o	f, or Be	nefi	icially	Owned	,						
												ible sec										
1. Title of Derivative Security (Instr. 3)  2. Conversion Date (Month/Day/Year) Generative Security Security  3. Transaction Date Execution Date, if any (Month/Day/Year)		Date,		ransaction of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)							
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Ni of	umber								
Restricted Stock Units	(1)	03/31/2023			M			657	(2)		(2)	Common	1	657	\$0	657		D				

## **Explanation of Responses:**

- 1. Restricted stock units convert into common stock on a one-for-one basis.
- 2. On March 30, 2022 the reporting person was granted 657 restricted stock units which vested in full on March 30, 2023.

## 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 04/03/2023 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.