The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

				OMB APPROVAL
		ES AND EXCHANGE COMMISSION gton, D.C. 20549		OMB 3235- Number: 0076
	FC Notice of Exempt	ORM D	ities	Estimated average burden
	Notice of Exempt	Offering of Secu	11165	hours per 4.00 response:
1. Issuer's Identity				
CIK (Filer ID Nur	nber) Previous Names	X None		Entity Type
<u>0001448431</u>			X Corporation	n
Name of Issue	r		Limited Pa	rtnership
OptimizeRx Corp			Limited Lia	ability Company
Jurisdiction o			General Pa	rtnership
Incorporation/Organ	nization		Business T	rust
NEVADA Voor of Incorpora	tion/Organization		Other (Spe	cify)
-	tion/Organization			
X Over Five Years Ago				
Within Last Five Years (S Yet to Be Formed	specify Year)			
Yet to be Formed				
2. Principal Place of Busines	s and Contact Information			
Name	of Issuer			
OptimizeRx Corp				
Street A	Address 1		Street Address 2	
400 WATER ST., STE. 200				
City	State/Province/Country	ZIP/Post	alCode Phone Num	ber of Issuer
ROCHESTER	MICHIGAN	48307	248-651-6558	}
3. Related Persons				
Last Name	Firs	st Name	Middle Na	me
Lester	David			
Street Address 1		Address 2		
400 WATER ST., STE. 200				
City	State/Prov	vince/Country	ZIP/PostalC	Code
ROCHESTER	MICHIGAN	U U	48307	
Relationship: X Executive	Officer X Director Promot	er		
Clarification of Response (if				
Last Name		st Name	Middle Na	me
Harrell	David	Address 2	А	
Street Address 1 400 WATER ST., STE. 200	Street	Address 2		
400 WATER 51., 51E. 200 City	State/Drea	vince/Country	ZIP/PostalC	ode
ROCHESTER	MICHIGAN	mer country	48307	JUUC
NOCHESTER	INITCUICAIN		40307	

Clarification of Response (if Necessary):

Relationship: X Executive Officer X Director Promoter

L	ast Name	First Name		Middle Name
Hamilton		Terence	J	
Stree	et Address 1	Street Address 2		
400 WATER ST	Г., STE. 200			
	City	State/Province/Country		ZIP/PostalCode
ROCHESTER		MICHIGAN	48307	
Relationship :	Executive Officer X	Director Promoter		
Clarification of	Response (if Necessar	y):		

4. Industry Group

Agriculture Banking & Financia Commercial Banki Insurance Investing Investment Banki Pooled Investment Is the issuer regis an investment con the Investment Con Act of 1940?	king ng ht Fund tered as npany under	Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals X Other Health Care Manufacturing Real Estate Commercial	Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions
Yes	No	Construction	Tourism & Travel Services
Other Banking &	Financial Services	REITS & Finance	Other Travel
Business Services Energy Coal Mining		Residential Other Real Estate	Other

5. Issuer Size

Electric Utilities

Oil & Gas

Other Energy

Energy Conservation Environmental Services

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
X \$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))	Investment Company Act Section 3(c)			
Rule 504 (b)(1)(i)	Section 3(c)(1)	Section 3(c)(9)		
Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii)	Section 3(c)(2)	Section 3(c)(10)		
Rule 505	Section 3(c)(3)	Section 3(c)(11)		

X Rule 506(b)	Section 3(c)(4	4) Section 3(c)(12)			
Rule 506(c)	Section 3(c)	5) Section 3(c)(13)			
Securities Act Section 4(a)(5)	Section 3(c)(6) Section 3(c)(14)			
	Section 3(c)(7	7)			
7. Type of Filing					
X New Notice Date of First Sale X First Sale Yet Amendment	to Occur				
8. Duration of Offering					
Does the Issuer intend this offering to last more that	n one year?	Yes X No			
9. Type(s) of Securities Offered (select all that apply	7)				
X Equity		Pooled Investment Fund Interests			
Debt Option, Warrant or Other Right to Acquire Anoth		Tenant-in-Common Securities			
Security to be Acquired Upon Exercise of Optior Other Right to Acquire Security	0	Mineral Property Securities Other (describe)			
10. Business Combination Transaction					
Is this offering being made in connection with a bus a merger, acquisition or exchange offer?	siness combinat	ion transaction, such as Yes X M	No		
Clarification of Response (if Necessary):					
11. Minimum Investment					
Minimum investment accepted from any outside inv	vestor \$100,000) USD			
12. Sales Compensation					
Recipient	Recipi	ent CRD Number None			
	1				
Merriman Capital, Inc.	18296				
Merriman Capital, Inc. (Associated) Broker or Dealer X None	18296	ciated) Broker or Dealer CRD er	X None		
(Associated) Broker or Dealer X None None	18296 (Assoc	er	X None		
(Associated) Broker or Dealer X None None Street Address 1	18296 (Assoc Numbe		X None		
(Associated) Broker or Dealer X None None	18296 (Assoc Numbe None	er	X None ZIP/Postal Cod		
(Associated) Broker or Dealer X None None Street Address 1 135 EAST 57TH STREET 24TH FLOOR	18296 (Assoc Numbe None	er Street Address 2 Province/Country			
(Associated) Broker or Dealer X None None Street Address 1 135 EAST 57TH STREET 24TH FLOOR City NEW YORK CITY State(s) of Solicitation (select all that apply)	18296 (Assoc Numbe None State/P NEW Y	er Street Address 2 Province/Country	ZIP/Postal Cod		
(Associated) Broker or Dealer X None None Street Address 1 135 EAST 57TH STREET 24TH FLOOR City NEW YORK CITY State(s) of Solicitation (select all that apply) Check "All States" or check individual X Al	18296 (Assoc Numbe None State/P NEW Y	er Street Address 2 Province/Country YORK	ZIP/Postal Cod		
(Associated) Broker or Dealer X None None Street Address 1 135 EAST 57TH STREET 24TH FLOOR City NEW YORK CITY State(s) of Solicitation (select all that apply) Check "All States" or check individual X Al States	18296 (Assoc Numbe None State/P NEW Y	er Street Address 2 Province/Country YORK	ZIP/Postal Cod		
(Associated) Broker or Dealer X None None Street Address 1 135 EAST 57TH STREET 24TH FLOOR City NEW YORK CITY State(s) of Solicitation (select all that apply) Check "All States" or check individual X Al States 13. Offering and Sales Amounts Total Offering Amount \$10,000,000 USD or	18296 (Assoc Numbe None State/P NEW Y I States Fore I States Fore	er Street Address 2 Province/Country YORK	ZIP/Postal Cod		
(Associated) Broker or Dealer X None None Street Address 1 135 EAST 57TH STREET 24TH FLOOR City NEW YORK CITY State(s) of Solicitation (select all that apply) Check "All States" or check individual X All States 13. Offering and Sales Amounts Total Offering Amount \$10,000,000 USD or Total Amount Sold \$0 USD	18296 (Assoc Numbe None State/P NEW Y I States Fore I States Fore	er Street Address 2 Province/Country YORK	ZIP/Postal Cod		
(Associated) Broker or Dealer X None None Street Address 1 135 EAST 57TH STREET 24TH FLOOR City NEW YORK CITY State(s) of Solicitation (select all that apply) Check "All States" or check individual X Al States 13. Offering and Sales Amounts Total Offering Amount \$10,000,000 USD or Total Amount Sold \$0 USD Total Remaining to be Sold \$10,000,000 USD or	18296 (Assoc Numbe None State/P NEW Y I States Fore I States Fore	er Street Address 2 Province/Country YORK	ZIP/Postal Cod		

investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$1,000,000 USD X Estimate
Finders' Fees	\$0 USD X Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD X Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
OptimizeRx Corp	/s/ H. David Lester	H. David Lester	CO0	2014-03-13

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this

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undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.