FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	Washington, D	D.C. 20549	

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average to	ourden							
ha	0.5							

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

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

Instruct	ion iu.																		
Name and Address of Reporting Person* Odence-Ford Marion					2. Issuer Name and Ticker or Trading Symbol OptimizeRx Corp [OPRX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Ouence	-1 Old Mi	<u>ar 1011</u>								-					Directo			10% Ov	
,															Officer below)	(give title		Other (s	specify
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)									,					
C/O OPTIMIZERX CORPORATION					12/23/2024 General Counsel and CCO														
260 CHA	RLES STE	REET, SUITE 30)2																
200 CHARLES STREET, SOTTE 302					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)							,		3			,	,	Line			3	(
WALTH	AM M	A	02453												Form fi	led by One	Repo	rting Perso	n
·															Form fi Person		e than	One Repor	rting
(City)	(S	tate)	(Zip)																
		Tal	ole I - Non	n-Deriva	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	ficiall	y Owned				
Date					h/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					Securitie Beneficia Owned F	Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock 12/2				12/23/	3/2024			A		41,408 ⁽¹⁾ A		\$0	68,638			D			
			Table II - I												Owned				
				(e.g., pı	ıts, (call	s, warr	ants	, optior	ıs, c	onvertik	ole s	ecuri	ties)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Tra	ansaction de (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode \	v	(A)		Date Exercisab		Expiration Date	Title		Amount or Number of Shares					
Stock	\$4.83	12/23/2024			\ \ \		77,742		12/23/202:	5(2)	12/23/2027		nmon	77,742	\$0	77,74	2	D	

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 three equal annual installments beginning on December 23, 2025, which is the first anniversary of the date of grant.
- 2. The stock option vests in three equal annual installments beginning December 23, 2025, the first anniversary of the grant date.

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 K. Odence-Ford 12/27/2024

** 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.