FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

			UI Secti	011 30(11) 01	uie iiiv	estinent Company Act of 19	40				
Vos Ellen O'Connor Requiring S (Month/Day			2. Date of Event Requiring Staten Month/Day/Year 19/24/2015	nent	3. Issuer Name and Ticker or Trading Symbol OptimizeRx Corp [OPRX]						
(Last) (First) (Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable)			er	5. If Amendment, Date of Original Filed (Month/Day/Year)			
400 WATER STREET, SUITE 200					X Director 10			er			
(Street) 400 WATER						Officer (give title below)	Other (spe below)	ecify		cable Line)	/Group Filing (Check
STREET, SUITE 200	MI	48307							Λ		y More than One
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		cṫ (D) (4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Securities Underlying Derivative Security (Instr.			4. Conversion or Exercise Price of		Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Titl	e	Amount or Number of Shares	Derivati Security	ive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

/s/ Lynn O'Connor Vos

10/05/2015

** Signature of Reporting Person

Date

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).