#### Edgar Filing: BAKER DOUGLAS P - Form 4

BAKER DO	UGLAS P										
Form 4											
March 29, 20	)19										
FORM	1 4									PPROVAL	
	<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check thi									Expires:	January 31,	
if no longer subject to STATEMENT O			F CHANGES IN BENEFICIAL OWNERSHIP OF						2005		
Section 1					ITIES				Estimated average burden hours per		
Form 4 or	r							response 0.8			
Form 5	· · ·						•	ge Act of 1934,			
obligation may cont								f 1935 or Sectio	n		
<i>See</i> Instru 1(b).		30(h)	of the In	vestment	Company	Act	of 194	40			
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> BAKER DOUGLAS P			2. Issuer Name <b>and</b> Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
			OptimizeRx Corp [OPRX]					(Chec	ck all applicable	a)	
(Last)	(First) (	Middle)	3. Date of Earliest Transaction				in an approach	•)			
			(Month/Day/Year)					Director 10% Owner			
400 WATE	R STREET, SUI	TE 200	03/27/20	019				X Officer (give below) CHIEF FII	e title Oth below) NANCIAL OFI	er (specify FICER	
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	oint/Group Filin	1g(Check	
			Filed(Mon	Filed(Month/Day/Year)				Applicable Line)			
ROCHESTE	ER, MI 48307							_X_Form filed by 0 Form filed by N Person	One Reporting Pe More than One Re		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurit	ties Acc	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Dat	e 2A. Dee	med	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership		
Security	(Month/Day/Year)		Execution Date, if Transaction any Code			sposed	l of	Securities	Form: Direct		
(Instr. 3)		•	any (Month/Day/Year)		(D) (Instr. 3, 4	4 and f	5)	Beneficially Owned		Beneficial Ownership	
		(		(Instr. 8)	(		- /	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
~				Code V	Amount	(D)	Price	(instr. 5 and 4)			
Common Stock	03/27/2019	03/27/2	2019	А	16,667	А	<u>(1)</u>	48,551	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of D) Instr. 3, 4,				8. D So (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Contingent Stock Grant	<u>(1)</u>	03/27/2018	03/27/2019	C	16,667	<u>(1)</u>	(2)	Common Stock	16,667	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BAKER DOUGLAS P 400 WATER STREET, SUITE 200 ROCHESTER, MI 48307			CHIEF FINANCIAL OFFICER				

## **Signatures**

/s/ Doug Baker 03/29/2019

<u>\*\*</u>Signature of Reporting Person Date

# **Explanation of Responses:**

- \* 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).
- (1) The reporting person received a contingent stock grant subject to achievement of the Issuer's 2018 year-end revenue performance goals that were achieved for the year.
- (2) Not applicable

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.