FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL											
l	OMB Number:	3235-0287										
l	Estimated average burden											
ı	hours nor roonsnoo:	0.5										

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person*  Waheed Nadia							2. Issuer Name and Ticker or Trading Symbol OCULAR THERAPEUTIX, INC [ OCUL ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 06/01/2024								V	below)	give title hief Medical		Other (s below) Officer	pecify					
15 CROSBY DRIVE							4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)							
(Street) BEDFORD MA 01730															Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)  Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											o satisfy									
		Та	ble I - Nor	n-Deri	vativ	ve S	ecurities	s Acc	quired,	Dis	posed c	of, or I	Bene	eficially	Owned					
Date					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispo			rities Acquired (A) ed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following		Form	: Direct I r Indirect I str. 4)	Ownership	
									Code	v	Amount	() ()	A) or D)	Price	Reported Transacti (Instr. 3 a	tion(s)			Instr. 4)	
Common Stock 06/01						1/2024		A		141,666(1)		A	\$ <mark>0</mark>	141,666			D			
			Table II -				urities Is, warr		,			•		•	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	ate, T	4. Transa Code (I 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Al of Securities Underlying Derivative Se (Instr. 3 and 4		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e (Castelland	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)		Date Exercisab		expiration Pate	Title	o N	mount r umber f Shares		(Instr. 4)				
Stock Option (Right to	\$5.7	06/01/2024			A		425,000		(2)	0	5/31/2034	Comm		25,000	\$0	425,00	00	D		

## Explanation of Responses:

- 1. On June 1, 2024, the reporting person was granted restricted stock units ("RSUs") under the 2019 Inducement Stock Incentive Plan, as amended, of Ocular Therapeutix, Inc. (the "Corporation"). Each RSU represents a right to receive one share of the Corporation's common stock. Subject to the reporting person's continued service to the Corporation, the RSUs will vest over three years, in equal annual installments, beginning on the date of grant.
- 2. Vests over four years, with 25% of the shares underlying the option vesting on the one-year anniversary of the reporting person's first date of employment and 2.0833% of the shares vesting monthly thereafter.

/s/ Donald Notman, Attorney-

06/04/2024 in-Fact for Nadia Waheed \*\* 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.