FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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

1. Name and Address of Reporting Person* White Christopher G				2. Issuer Name and Ticker or Trading Symbol OCULAR THERAPEUTIX, INC [OCUL]							(Ched	(Check all applicable) Director			10% Owner			
(Last) (First) (Middle) C/O OCULAR THERAPEUTIX, INC. 24 CROSBY DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 02/03/2022								X Officer (give fulle Officer (Specify below) Chief Business Officer					
(Street) BEDFORD MA 01730 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date					2A. Deemed Execution Di if any (Month/Day/		Date,	Code (Ins				iired (A nstr. 3,) or 4 and 5)	5. Amoun Securities Beneficia Owned Fo	s lly ollowing	Form (D) or		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount (A)		or	Price	Transaction(s) (Instr. 3 and 4)				(111511.4)
Common Stock 02/0				02/03/	3/2022		A		50,000 ⁽¹⁾ A		\$ <mark>0</mark>	52,127(2)			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
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)	Cod	nsaction le (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	le V	(A)		Date Exercisabl		xpiration ate	Title	or Nur	ount mber Shares		(Instr. 4)	on(a)		
Stock Option (Right to Buy)	\$5.27	02/03/2022		A		150,000		(3)	0.	2/02/2032	Commo Stock	n 15	0,000	\$0	150,00	00	D	

Explanation of Responses:

- 1. On February 3, 2022, the reporting person was granted restricted stock units ("RSUs") under the 2021 Stock Incentive Plan of Ocular Therapeutix, Inc. (the "Company"). Each RSU represents a right to receive one share of the Company's common stock. Subject to the reporting person's continued service to the Company, the RSUs will vest over three years, with 1/3 of the shares underlying the RSUs vesting on the one-year anniversary of the date of grant and an additional 1/3 of the shares underlying the RSUs vesting at the end of each successive one-year period thereafter.
- 2. Includes (i) 50,000 shares of common stock of the Company underlying unvested RSUs and (ii) 2,127 shares of the Company's common stock acquired under the 2014 Ocular Therapuetix, Inc. Employee Stock Purchase Plan on December 31, 2021.
- 3. Vests over four years, vesting 1/48 monthly beginning on the one-month anniversary of the date of grant.

/s/ Donald Notman, Attorney-

in-Fact for Christopher G.

02/07/2022

White

** Signature of Reporting Person

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.