FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* Goldstein Michael H. | | | | | | 2. Issuer Name and Ticker or Trading Symbol OCULAR THERAPEUTIX, INC [OCUL] | | | | | | | of Reporting cable) or (give title | g Pers | on(s) to Issu 10% Ow Other (sp | ner | | |
|--|---|--|--|---|---|--|-----|--|--------------------|---|--|---|--|--------|--|--|--|--|
| (Last) | ` | rst) RAPEUTIX, IN | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2018 | | | | | | | below) | | | below) | | | |
| 15 CROSBY DRIVE | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) BEDFORD MA 01730 | | | 01730 | | , - 1. , - 1 | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Si | ate) | (Zip) | | | | | | | | | reisui | l | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa- Date (Month/Date) | | | | | Execution Da | | | Code (Ins | on Disposed | urities Acquired (A) o sed Of (D) (Instr. 3, 4 a | | Beneficia | es Form ally (D) of following (I) (II | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | " | nstr. 4) | | |
| 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 | 4. Transactior Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (Right to Buy) | \$5.47 | 01/31/2018 | | A | | 83,500 | | (1) | 01/30/2028 | Common Stock | 83,500 | \$0 | 83,500 | | D | | | |

Explanation of Responses:

1. Vests over four years, vesting 1/48 monthly beginning on the one-month anniversary of the date of grant.

/s/ Kathleen Theriault, as

02/02/2018 Attorney-in-Fact for Michael

H. Goldstein

** 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.