FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C. 20549

OMB APPROVAL 3235-0287 Estimated average burden

0.5

hours per response:

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

1

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Dugel Pravin					2. Issuer Name and Ticker or Trading Symbol OCULAR THERAPEUTIX, INC OCUL								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					[0002]								1	Direct			Owner	
(Last)	(Fir	3. Date of Earliest Transaction (Month/Day/Year)									below	er (give title v)	Oth belo	er (specify w)				
C/O OCULAR THERAPEUTIX, INC.					08/23/2024								See Remarks					
15 CROS	SBY DRIV	Е																
(0)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BEDFOR	RD MA	A 0	1730											Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (2	Zip)											FEISU	л			
		Table	I - No	n-Deriva	tive S	Secur	ities Ac	quire	d, Dis	posed of	, or E	Benefic	cially (Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		Code	Transaction Disposed Of Code (Instr. 5)				and S	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect				
								Code	v	Amount	(A) (D)	or Pric	ຸ 1	Transa	ction(s) 3 and 4)		(111501.4)	
Common Stock 08/23/2					024		S ⁽¹⁾		20,880(1)	D	\$9.	02(2)	812,473		D			
		Tal	ble II ·							osed of, convertib				wned	t		<u>'</u>	
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expir (Mon	te Exerc ation D th/Day/		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Deriva Secur (Instr.	rivative (curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Beneficia Ownersh ct (Instr. 4)	
			l				1				Amoun	t						

Explanation of Responses:

1. Represents shares of common stock of Ocular Therapeutix, Inc. (the "Corporation") sold, pursuant to a durable automatic sale instruction adopted by the reporting person on February 21, 2024, effecting the sell-to-cover election of the reporting person to satisfy tax withholding obligations in connection with the vesting of restricted stock units on August 22, 2024. The sales do not represent a discretionary trade by the reporting person

(D)

Date

Exercisable

Expiration

Date

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$8.88 to \$9.14, inclusive. The reporting person undertakes to provide to the Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.

Remarks:

Executive Chairman, President and CEO

/s/ Donald Notman, Attorney-08/27/2024 in-Fact for Pravin Dugel

** Signature of Reporting Person Date

Number

Shares

Title

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).

Code

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.