SEC For	m 4																		
FORM 4 UNITEI				D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL		
Section	this box if no lo 16. Form 4 or	NT	NT OF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number: 3235-0287 Estimated average burden hours per response: 0.5					
	tion 1(b).			File	ed purs or	suant to Section 16(a) of the Securities Exchange Act of 1934 Section 30(h) of the Investment Company Act of 1940								34					0.0
1. Name and Address of Reporting Person* <u>RAINES MERILEE</u>									ker or Tradi RAPEU			(Ch	eck all applic X Directo	cable) or	, 10% Ov		ner		
(Last) (First) (Middle) C/O OCULAR THERAPEUTIX, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/16/2022									Officer (give title Other (specify below) below)				
24 CROSBY DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) BEDFORD MA 01730															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																
		Tab	le I - Nor	ı-Deriv	ativ	e Se	curities	s Ac	quired,	Disp	oosed o	of, or	Ben	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/E						Execution			Code (I	Transaction Dis Code (Instr. 5)		ecurities Acquired (A) o osed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F Reported	s Form Illy (D) o ollowing (I) (Ir		r Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price	Transact	Transaction(s) Instr. 3 and 4)			msu. 4)
Common Stock 06/1					5/202	2			Α		8,933	(1)	A \$0		8,933		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. Deeme Execution I if any (Month/Day	d Date, 1	ransaction ode (Instr.		5. Number		6. Date Exercisa Expiration Date (Month/Day/Yea		ible and 7. 1 of S r) Uni Dei		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 Exercisabl		xpiration late	Title		Amount or Number of Shares	ber				
Stock Option (Right to Buy)	\$3.43	06/16/2022			А		26,800		(2)	0	6/15/2032	Com Sto		26,800	\$0	26,80)0	D	

Explanation of Responses:

1. On June 16, 2022, the reporting person was granted restricted stock units ("RSUs") under the 2021 Stock Incentive Plan, as amended, 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 on the Company's board of directors, the RSUs will vest with respect to 100% of the shares underlying the RSUs on the first anniversary of the grant date or, if earlier, immediately prior to the next annual meeting of stockholders occurring after the grant date.

2. Subject to the reporting person's continued service on the Company's board of directors, the options will vest with respect to 100% of the shares underlying the options on the first anniversary of the grant date or, if earlier, immediately prior to the next annual meeting of stockholders occurring after the grant date.

/s/Donald Notman, Attorneyin-Fact for Merilee Raines ** Signature of Reporting Person Date

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.