| SEC For  | m 4<br>FORM   | 4  | UNITED  | ) STA   | TES                           | S SE   |  |        | ES AND                                      |                | HA            | NGE C           | оммі   | SSION   |  |               |  |   |
|--|---|--|---|---------|-------------------------------|--|--|--------|---|----------------|---------------|-----------------|--|---|--|---------------|--|---|
|  |   |  |   |         |                               |  | W  | Vashii | ngton, D.C. 2                               | 0549           |               |                 | OMB APPROVAL   |   |  | /AL           |  |   |
| Check this box if no longer subject to<br>Section 16. Form 4 or Form 5<br>obligations may continue. See<br>Instruction 1(b). |   |  |   |         | ed purs                       | suant t  | o Sectior  | n 16(a | a) of the Secu                              | urities E:     | xchan         |                 | SHIP   | Estim   | Estimated average burden   |               | 3235-0287<br>0.5   |   |
| 1. Name and Address of Reporting Person <sup>*</sup><br>Williams Leslie J.   |   |  |   |         |                               |  |  |        | ker or Tradin<br>RAPEUT                     |                |               | ] (Ch           | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>X Director 10% Owner |   |  |               |  |   |
| (Last) (First) (Middle)<br>C/O OCULAR THERAPEUTIX, INC.  |   |  |   |         |                               | 3. Date of Earliest Transaction (Month/Day/Year)<br>06/18/2021 |  |        |   |                |               |                 |  | Officer<br>below)   | (give title Other (specif<br>below)  |               |  | pecify  |
| 24 CROSBY DRIVE  |   |  |   |         | 4.1                           | 4. If Amendment, Date of Original Filed (Month/Day/Year)       |  |        |   |                |               |                 |  | 6. Individual or Joint/Group Filing (Check Applicable Line)                             |  |               |  |   |
| (Street)<br>BEDFORD, MA 01730  |   |  |   |         |                               |  |  |        |   |                |               |                 |  | X Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person |  |               |  |   |
| (City)   | (S  | tate)                                      | (Zip)   |         |                               |  |  |        |   |                |               |                 |  |   |  |               |  |   |
|  |   | Tab  | ole I - Nor                                       | n-Deriv | vativo                        | e Sec  | curities   | s Ac   | quired, D                                   | ispos          | ed o          | f, or Ber       | neficiall  | y Owned   |  |               |  |   |
| 1. Title of Security (Instr. 3)<br>Date<br>(Month/Date)  |   |  |   |         |                               | ear)   E   | 2A. Deemed<br>Execution Date<br>f any<br>Month/Day/Yea   |        | Code (Ins                                   | on Dis         |               |                 | ed (A) or<br>tr. 3, 4 and  | 4 and Securities<br>Beneficially<br>Owned Fol   |  | Form<br>(D) o | n: Direct<br>or Indirect<br>Instr. 4)                                    | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |
|  |   |  |   |         |                               |  |  | Code V | / Am  | nount          | (A) or<br>(D) | Price           | Transact   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |  |               | (Instr. 4)   |   |
|  |   | -  |   |         |                               |  |  |        | uired, Dis<br>, options                     |                |               |                 |  | Owned   |  |               |  |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date, 1 | 4.<br>Transa<br>Code (1<br>3) |  | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) (Instr.<br>3, 4 and 5) |        | 6. Date Exer<br>Expiration D<br>(Month/Day/ | ate            | of Securities |                 | es<br>J<br>Security  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                                     | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |               | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)               |
|  |   |  |   | c       | Code                          | v  | (A)  | (D)    | Date<br>Exercisable                         | Expira<br>Date | ation         | Title           | Amount<br>or<br>Number<br>of<br>Shares   |   |  |               |  |   |
| Stock<br>Option<br>(Right to<br>Buy)   | \$13.51   | 06/18/2021                                 |   |         | A                             |  | 18,000   |        | (1)   | 06/17/         | /2031         | Common<br>Stock | 18,000   | \$0   | 18,00  | 0             | D  |   |

Explanation of Responses:

1. Vests with respect to 100% of the securities on the first anniversary of the grant date.

/s/ Donald Notman, <u>Attorney-</u> in-Fact for Leslie Williams

06/22/2021

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.