FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

A / a a la i a a 4 a a	D C	20540
Vashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number: 3235-028 Estimated average burden										
	hours per response	e: 0.5									

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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Graves Adrienne L						2. Issuer Name <b>and</b> Ticker or Trading Symbol OCULAR THERAPEUTIX, INC [ OCUL ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Oraves Adriente L					-									⊣ ։	X Directo	or		10% Ov	vner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/10/2023									Officer below)	(give title		Other (s below)	specify	
C/O OCULAR THERAPEUTIX, INC.					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
24 CROSBY DRIVE															ine)					
												-   -	X Form filed by One Reporting Person							
(Street) BEDFO	RD M	Τ.Λ.	01730			Form filed by More than One Reporting Person												Turig		
DEDFO	KD M	A	01730		Ru	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)		'``	Trule 1000-1(c) Halisaction mulcation														
(0.5)	(5	iaio,	(=.p)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
							.,					2000 1(1	9,. 000							
		Tab	le I - No	n-Deri	<i>r</i> ative	Se	curities	s Ac	quired,	Dis	posed o	of, or	Ben	eficial	y Owned	l k				
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date					r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Of Code (Instr. 5)			ies Acquired (A) or Of (D) (Instr. 3, 4 aı		Benefici Owned I	es ally Following	Form (D) o	Ownership orm: Direct o) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code V		Amount	Amount (A) or (D)		Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 07/10				0/2023						24,000	.000 <sup>(1)</sup> A		\$0	24,000			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		-							, option											
1. Title of Derivative Security (Instr. 3)  2. Conversi or Exerci Price of Price of Derivativ Security		e (Month/Day/Year)	3A. Deemed Execution Datif any (Month/Day/Ye	Date,	Code (Ins				6. Date Exercisabl Expiration Date (Month/Day/Year)		!	Amount of			8. Price of Derivative Security (Instr. 5)	e derivative	e (C	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 ate	Title	0 N 0	lumber						
Stock Option (Right to	\$5.04	07/10/2023			A		72,000		(2)	0	7/09/2033	Comm Stoc		2,000	\$0	72,000	)	D		

## **Explanation of Responses:**

- 1. On July 10, 2023, 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 over three years, vesting 1/3 on each yearly anniversary of the date of grant.
- 2. Subject to the reporting person's continued service on the Company's board of directors, the options will vest over three years, vesting 1/3 on each yearly anniversary of the date of grant.

<u>/s/Donald Notman, Attorney-in-Fact for Adrienne L. Graves</u>

07/12/2023

\*\* 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.