SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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	OMB Number:	3235-0287							
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	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person'	*	2. Issuer Name and Ticker or Trading Symbol Kala Pharmaceuticals, Inc. [KALA]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Iwicki Mark T</u>		<u></u> [11]	X	Director	10% Owner			
(Last) (First) ((Middle)	3. Date of Earliest Transaction (Month/Day/Year)	x	Officer (give title below)	Other (specify below)			
C/O KALA PHARMACEUTICALS	, ,	10/26/2021		CHIEF EXECUTIVE OFFICER				
490 ARSENAL WAY, SUITE 120								
		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WATERTOWN MA	02472		X	Form filed by One Repo	rting Person			
	02472			Form filed by More than One Reporting				
(City) (State) (.	(Zip)			Person				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities / Disposed Of (5)			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	10/26/2021		S		27 , 598 ⁽¹⁾	D	\$1.8 ⁽²⁾	268,676 ⁽³⁾	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative 3A. Deemed Execution Date, 5. Number 6. Date Exercisable and Expiration Date 7. Title and Amount of 8. Price of Derivative 9. Number of derivative 10. Ownership 11. Nature of Indirect 3. Transaction Conversion Date Transaction Derivative Security or Exercise (Month/Dav/Year) if any Co (Month/Day/Year) 8) Code (Instr. (Month/Day/Year) Securities Security (Instr. 5) Securities Form: Beneficial (Instr. 3) Price of Securities Underlving Beneficially Direct (D) Ownership

((Derivative Security	erivative ecurity	(,			Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Derivative Security (Instr. 3 and 4)		(Owned Following Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

1. This sale was made pursuant to a 10b5-1 trading plan to cover tax withholding obligations in connection with the vesting and settlement of the Reporting Person's performance-based restricted stock units ("RSUs") granted on June 25, 2020.

2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$1.79 to \$1.89, inclusive. The Reporting Person undertakes to provide to Kala Pharmaceuticals, Inc., any security holder of Kala Pharmaceuticals, Inc., 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 this footnote to this Form 4.

3. Includes 189,930 unvested RSUs.

/s/ Eric Trachtenberg,

<u>Attorney-in-Fact</u>

10/28/2021

** 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.