SEC For	m 4 FORM	4		D STA	ΓES	SE	CU	RITIE	ES /	ANI	ΣE	хсна	NGE	со	ммі	SSION				
		•		ATES SECURITIES AND EXCHANGE COMMI Washington, D.C. 20549											OME			APPRO	VAL	
Section obligat	this box if no lo n 16. Form 4 or ions may contir tion 1(b).		IT OF CHANGES IN BENEFICIAL OWNERS pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										HIP OMB Number Estimated av hours per res			verage burde	3235-0287 n 0.5			
1. Name ar <u>Reumu</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol 5. R										Relationship of Reporting Person(s) to Issuer heck all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer									
(Last) (First) (Middle) C/O KALA PHARMACEUTICALS, INC. 490 ARSENAL WAY, SUITE 120						3. Date of Earliest Transaction (Month/Day/Year) 06/09/2020														
(Street) WATER (City)		4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	<ul> <li>Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>								
		Tab	ole I - Nor	n-Deriva	ative	Sec	curit	ies Ac	aui	ired.	Disi	osed o	of. or E	ene	ficial	v Owned				
1. Title of Security (Instr. 3) 2. Trans Date								e, 1 ar) 8	3.	ction	4. Securi Dispose	ities Acq d Of (D) (	uired (A) or Instr. 3, 4 and		5. Amou Securitie Benefici Owned F Reporter Transact	nount of frities Frities (E ficially (E ed Following (I) orted saction(s)		r Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock 0					/2020					M	•	11,52	(D)	4	\$2.3	(Instr. 3 and 4) 16,336 <sup>(1)</sup>			D	
					/2020				+	M		5,072		1 A	\$5.2	21,413			D	
					/2020	_			┽	M		15,36		A A	\$2.3	· ·			D	
Common Stock 06/09									+	м		11,520		- -	\$2.3		48,293		D	
		-	Table II -	l Derivat	ive S	ecu	iritie	es Acq	uire	ed, D	ispo			nefi	cially	Owned		ļ	I	
Derivative Conversion Date Execut Security or Exercise (Month/Day/Year) if any			3A. Deeme Execution I	d 4 Date, T	ansaction ode (Instr.		S, Warrants 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea		able and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		mount	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)	
				с	ode \	,	(A)	(D)	Date	e ercisab		xpiration ate	Title	or Ni of	umber					
Stock Option (right to buy)	\$2.3	06/09/2020			м			11,520		(2)	1	0/01/2024	Commo Stock	<sup>n</sup> 1	1,520	\$0 0			D	
Stock Option (right to buy)	\$5.21	06/09/2020			м			5,077		(3)	1	0/01/2025	Commo Stock	<sup>n</sup> 5	,077	\$0	0		D	
Stock Option (right to buy)	\$2.3	06/09/2020			м			15,360		(4)	1	2/03/2024	Commo Stock	<sup>n</sup> 1	5,360	\$0	0		D	
Stock Option (right to buy)	\$2.3	06/09/2020			м			11,520		(5)	1	0/01/2024	Commo Stock	n 1	1,520	\$0	0		D	
1. Includes 4	n of Respons ,816 shares acc 1 was fully vest	uired under the Issue	er's Amended	and Restat	ed 2017	' Emp	oloyee	Stock Pu	ırchas	se Plan	on Ju	ne 28, 2019	).							

3. The option was fully vested.

4. The option was fully vested.

5. The option was fully vested.

5. The option was fully vested.

## /s/ Mary Reumuth

\*\* Signature of Reporting Person Date

06/11/2020

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $\ast$  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.