The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

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

### Notice of Exempt Offering of Securities

OMB APPROVAL				
OMB Number:	3235- 0076			
Estimated a burden	verage			
hours per response:	4.00			

1. Issuer's Identity

CIK (Filer ID Numl	per) Previous	None	Entity Type	
	Names			
0001479419 Name of Issuer	Hanes Newco,	, Inc.	X Corporation	
Kala Pharmaceuticals, Inc.			Limited Partnership	
Jurisdiction of			Limited Liability Company	
Incorporation/Organi	zation		General Partnership Business Trust	
DELAWARE			Other (Specify)	
Year of Incorporation	on/Organization		Onlei (Specify)	
X Over Five Years Ago				
Within Last Five Years (Sp	ecify Year)			
Yet to Be Formed	. ,			
2. Principal Place of Business	and Contact Information			
Name of	Issuer			
Kala Pharmaceuticals, Inc.				
Street Ac	ldress 1	ss 1 Street Address 2		
100 BEAVER STREET		SUITE 201		
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer	
WALTHAM	MASSACHUSETTS	02453	781-996-5252	
3. Related Persons				
Last Name	First	Name	Middle Name	
Paull	Robert			
Street Address 1	Street A	ddress 2		
100 Beaver Street	Suite 201			
City	State/Provi	nce/Country	ZIP/PostalCode	
Waltham	MASSACHUSET	ΓS 02453		
<b>Relationship:</b> Executive Of	ficer X Director Promoter			
Clarification of Response (if N	lecessary):			
Last Name		Name	Middle Name	
Bitterman Street Address 1	Kevin Street A	ddraac D		
Street Address 1 100 Beaver Street		ddress 2		
	Suite 201 State/Provi	nco/Country	ZIP/PostalCode	
<b>City</b> Waltham	MASSACHUSET	nce/Country FS 02453		
		02455		
<b>Relationship:</b> Executive Of	IICELA DIFECTOF PROMOTER			

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Tepper	Robert	
Street Address 1	Street Address 2	
100 Beaver Street	Suite 201 State/Province/Country	ZIP/PostalCode
<b>City</b> Waltham	MASSACHUSETTS	02453
<b>Relationship:</b> Executive Officer 2		02100
-		
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Iwicki	Mark	
Street Address 1	Street Address 2	
100 Beaver Street	Suite 201	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02453
<b>Relationship:</b> X Executive Officer	X Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Langer	Robert	
Street Address 1	Street Address 2	
100 Beaver Street	Suite 201	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02453
<b>Relationship:</b> Executive Officer 2	X Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Wagner	Karen	
Street Address 1	Street Address 2	
100 Beaver Street	Suite 201	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02453
<b>Relationship:</b> Executive Officer 2	X Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Brazzell	Kim	
Street Address 1	Street Address 2	
100 Beaver Street	Suite 201	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02453
<b>Relationship:</b> X Executive Officer	Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Rosen	Howard	В.
Street Address 1	Street Address 2	
100 Beaver Street	Suite 201	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02453

# Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name		Middle Name
Shah	Rajeev		
Street Address 1	Street Address 2		
100 Beaver Street	Suite 201		
City	State/Province/Country		ZIP/PostalCode
Waltham	MASSACHUSETTS	02453	
<b>Relationship:</b> Executive Office	r X Director Promoter		
Clarification of Response (if Nece	ssary):		
Last Name	First Name		Middle Name
Chen	Hongming		
Street Address 1	Street Address 2		
100 Beaver Street	Suite 201		
City	State/Province/Country		ZIP/PostalCode
Waltham	MASSACHUSETTS	02453	
<b>Relationship:</b> X Executive Office	er Director Promoter		
Clarification of Response (if Nece	ssary):		
Last Name	First Name		Middle Name
McDermott	Charles		
Street Address 1	Street Address 2		
100 Beaver Street	Suite 201		
City	State/Province/Country		ZIP/PostalCode
Waltham	MASSACHUSETTS	02453	

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

**Energy Conservation** 

**Environmental Services** 

Agriculture Banking & Financial Services	Health Care X Biotechnology	Retailing Restaurants
Commercial Banking Insurance Investing Investment Banking	Health Insurance Hospitals & Physicians Pharmaceuticals	Technology Computers Telecommunications
Pooled Investment Fund	Other Health Care	Other Technology
Is the issuer registered as an investment company under the Investment Company Act of 1940?	Manufacturing Real Estate Commercial	Travel Airlines & Airports Lodging & Conventions
Yes No	Construction	Tourism & Travel Services
Other Banking & Financial Services	<b>REITS &amp; Finance</b>	Other Travel
Business Services Energy Coal Mining Electric Utilities	Residential Other Real Estate	Other
Elecule Oundes		

#### Oil & Gas

## Other Energy

#### 5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	Investment Company Act Section 3(c)		
Rule 504(b)(1) (not (i), (ii) or (iii))	Section $3(c)(1)$	Section 3(c)(9)	
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)	
Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii)	Section 3(c)(3)	Section 3(c)(11)	
Rule 505	Section 3(c)(4)	Section 3(c)(12)	
X Rule 506(b)	Section 3(c)(5)	Section 3(c)(13)	
Rule 506(c) Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)	
Securites recipient (a)(3)	Section 3(c)(7)		

# 7. Type of Filing

- X New Notice Date of First Sale 2015-08-17 First Sale Yet to Occur Amendment
- 8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes X No

9. Type(s) of Securities Offered (select all that apply)

X Equity	Pooled Investment Fund Interests
Debt	Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes X No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

Recipient CRD Number X None Recipient (Associated) Broker or Dealer CRD Number X None (Associated) Broker or Dealer X None **Street Address 1** Citv State/Province/Country State(s) of Solicitation (select all that apply) All States Foreign/non-US Check "All States" or check individual States 13. Offering and Sales Amounts **Total Offering Amount** \$6,999,999 USD or Indefinite

Total Amount Sold \$6,999,999 USD Total Remaining to be Sold \$0 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Street Address 2

**ZIP/Postal** Code

1

Sales Commissions	\$0 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

> \$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.\*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

• Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Kala Pharmaceuticals, Inc.	/s/ Charles McDermott	Charles McDermott	President	2015-08-19

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.

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.