FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Chen Hongming					2. Issuer Name and Ticker or Trading Symbol Kala Pharmaceuticals, Inc. [KALA]								(Che	ck all app Direc	onship of Reporti Il applicable) Director Officer (give title		rson(s) to Is 10% Ov Other (s	wner		
	LA PHARI	rst) (MACEUTICALS	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/26/2021								X	below	below) CHIEF SCIEN		below)	·	
(Street)	ΓOWN M	A 0	2472 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Ye								Line)	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or E	3ene	ficial	ly Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,		ate,			s Acquired (A) o			Securit Benefic Owned	Securities Fo Beneficially (D)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or Pri				rice	Transa		(
Common Stock 10/26/2				021				S		9,449(1)	D) 5	\$1.8 ⁽²⁾	225	5,566 ⁽³⁾		D			
Common Stock 10/27/20				021				S		21,051(4)	D	\$	1.82(5	⁵⁾ 204,515 ⁽³⁾			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative curity Conversion Date Execution Date, (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		str.	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or Numl of Share							

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 61,166 unvested RSUs.
- 4. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 5. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$1.80 to \$1.84, 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.

/s/ Eric Trachtenberg, 10/28/2021 Attorney-in-Fact

** 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.