SEC Form 4
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## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB APPROVAL								
OMB Number: 3235-0287								
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Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 193	4 Linduis per response. 0.5
	or Section 30(h) of the Investment Company Act of 1940	· · · · · · · · · · · · · · · · · · ·
1. Name and Address of Reporting Person <sup>*</sup> Iwicki Mark T	2. Issuer Name <b>and</b> Ticker or Trading Symbol Kala Pharmaceuticals, Inc. [KALA]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner y Officer (give title Other (specify
(Last)(First)(Middle)C/O KALA PHARMACEUTICALS, INC.1167 MASSACHUSETTS AVENUE	3. Date of Earliest Transaction (Month/Day/Year) 10/26/2022	X below) below) CHIEF EXECUTIVE OFFICER
(Street) ARLINGTON MA 02476 (City) (State) (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting 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)	3. Transa Code ( 8)	ction	4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price			
Common Stock	10/26/2022		S		<b>561</b> <sup>(1)</sup>	D	<b>\$6.52</b> <sup>(2)</sup>	<b>4,464</b> <sup>(3)(4)</sup>	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (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 \$6.51 to \$6.62, 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 1,014 unvested RSUs.

4. The number of shares of common stock reported on this Form 4 reflects a 1-for-50 reverse stock split effected by the Issuer on October 20, 2022.

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/s/ Eric Trachtenberg,	
Attorney-in-Fact	

10/28/2022

\*\* 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.