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.

#### OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-Washington, D.C. 20549 Number: 0076 FORM D Estimated average burden Notice of Exempt Offering of Securities hours per 4.00 response: 1. Issuer's Identity Previous **CIK (Filer ID Number)** X None **Entity Type** Names 0001479419 X Corporation Name of Issuer Limited Partnership Kala Pharmaceuticals, Inc. Limited Liability Company Jurisdiction of **General Partnership** Incorporation/Organization **Business Trust** DELAWARE Other (Specify) Year of Incorporation/Organization Over Five Years Ago X Within Last Five Years (Specify Year) 2009 Yet to Be Formed 2. Principal Place of Business and Contact Information Name of Issuer Kala Pharmaceuticals, Inc. **Street Address 2** Street Address 1 MINTZ LEVIN COHN FERRIS GLOVSKY & POPEO ONE FINANCIAL CENTER State/Province/Country ZIP/PostalCode **Phone Number of Issuer** City BOSTON 02111 617-542-2241 MA 3. Related Persons Last Name First Name Middle Name Paull Robert **Street Address 1** Street Address 2 295 Madison Ave. 24th Floor **ZIP/PostalCode** City State/Province/Country New York NY 10017 Relationship: X Executive Officer X Director X Promoter Clarification of Response (if Necessary): Last Name First Name **Middle Name** Langer Robert **Street Address 1 Street Address 2** 98 Montvale Road City State/Province/Country **ZIP/PostalCode** Newton MA 02459

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

L	ast Name	First Name		Middle Name
Hanes	Justi	n		
Stree	et Address 1	Street Address 2		
5416 Purlingtor	n Way			
	City	State/Province/Country		ZIP/PostalCode
Baltimore	MD		21212	
Relationship: Executive Officer X Director Promoter				
Clarification of Response (if Necessary):				

# 4. Industry Group

Agriculture Banking & Financi Commercial Ban Insurance Investing Investment Bank Pooled Investmet Is the issuer reginant investment conthe	king ing nt Fund stered as mpany under	Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial	Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports	
Yes	No	Construction	Lodging & Conventions Tourism & Travel Services	
Other Banking & Financial Services		<b>REITS &amp; Finance</b>	Other Travel	
Business Services		Residential	Other	
Energy Coal Mining		Other Real Estate		

### 5. Issuer Size

**Electric Utilities** 

Oil & Gas

Other Energy

Energy Conservation Environmental Services

<b>Revenue Range</b>	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)

Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 505 X Rule 506 Securities Act Section 4(5) Investment Company Act Section 3(c) Section 3(c)(1) Section 3(c)(9)

Section 3(c)	(2) Section 3(c)(10)
Section 3(c)	
Section 3(c)	(4) Section 3(c)(12)
Section 3(c)	(5) Section 3(c)(13)
Section 3(c)	(6) Section 3(c)(14)
Section 3(c)(	7)
7. Type of Filing	
X New Notice Date of First Sale 2009-12-11 First Sale Yet to Amendment	Occur
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 Security to be Acquired Upon Exercise of Option, Warrant or	Mineral Property Securities
Other Right to Acquire Security	Other (describe)
10. Business Combination Transaction	
Is this offering being made in connection with a business combinate a merger, acquisition or exchange offer?	ation transaction, such as Yes X No
Clarification of Response (if Necessary):	
11. Minimum Investment	
Minimum investment accepted from any outside investor \$0 USE	)
12. Sales Compensation	
Recipient Recip	ient CRD Number X None
(Associated) Broker or Dealer X None (Asso	ciated) Broker or Dealer CRD Number X None
Street Address 1	Street Address 2
5	Province/Country ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	eign/non-US
13. Offering and Sales Amounts	
Total Offering Amount \$2,000,001 USD or Indefinite	
Total Amount Sold\$2,000,001 USD	
Total Remaining to be Sold\$0 USD orIndefinite	
Clarification of Response (if Necessary):	
14. Investors	
Select if securities in the offering have been or may be sold to a	persons who do not qualify as accredited

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:

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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.

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 Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

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/ Robert Paull	Robert Paull	Chief Executive Officer	2009-12-23

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.