FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Trachtenberg Eric</u>				2. Issuer Name and Ticker or Trading Symbol Kala Pharmaceuticals, Inc. [KALA]							(Che	ck all applica	,		on(s) to Issu 10% Ov Other (s	vner		
(Last) (First) (Middle) C/O KALA PHARMACEUTICALS, INC. 1167 MASSACHUSETTS AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 01/03/2022									SEE REMARKS				
(Street) ARLING		1A State)	02476 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)	ividual or Joint/Group Filing (Check Applicable  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																		
Date				2. Transad Date (Month/Da		Execution if any	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		rities Acquired (A) o d Of (D) (Instr. 3, 4			5. Amoun Securities Beneficia Owned Fo	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A (D	) or )	Price	Transacti (Instr. 3 a	tion(s)			
Common Stock 01/0				01/04/	1/2022		S		2,850 <sup>(1)</sup>		D	\$1.3(2)	<sup>2)</sup> 113,816 <sup>(3)</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)	Cod	nsaction le (Instr.	Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s Illy J	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Cod	le V	(A)		Date Exercisab		Expiration Date	Title	or Nu	nount ımber Shares		(Instr. 4)	on(a)		
Stock Option (right to buy)	\$1.37	01/03/2022		A		153,000		(4)	O	1/03/2032	Common Stock 153		53,000	\$0	153,000		D	

## **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 restricted stock units granted on January 4, 2021.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$1.25 to \$1.39, 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 53,611 unvested RSUs.
- 4. This option was granted on January 3, 2022 and vests with respect to 1/48th of the shares underlying the option at the end of each successive one-month period thereafter.

## Remarks:

General Counsel, Chief Compliance Officer and Secretary

/s/ Eric Trachtenberg 01/05/2022

\*\* 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.