(Street)

(City)

MENLO PARK

CA

(State)

94025

(Zip)

FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

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						16(a) of the Securities Excha f the Investment Company Ac						
Name and Address of Reporting Person*     Longitude Capital Partners II, LLC				2. Date of Event Requiring Statement (Month/Day/Year) 07/19/2017		3. Issuer Name and Ticker or Trading Symbol Kala Pharmaceuticals, Inc. [ KALA ]						
(Last) (First) (Middle) 800 EL CAMINO REAL, SUITE 220						Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director			r	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) MENLO PARK	CA	94025				Officer (give title below)		Other (spec	cify		cable Line) Form filed b	/Group Filing (Check y One Reporting Person y More than One erson
(City)	(State)	(Zip)										
				Table I - No	on-Deriva	tive Securities Benefi	ciall	y Owned				
1. Title of Security (Instr. 4)						2. Amount of Securities Beneficially Owned (Instr. 4)  3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		t (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
			(e.			ve Securities Beneficia ants, options, convert			s)			
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securitie Underlying Derivative Security (			4. Conversion or Exercise Price of		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Deriva Securi	tive	or Indirect (I) (Instr. 5)	
Series C Pres	ferred Stock			(1)	(1)	Common Stock		2,055,946	(1)	)	I	By: Longitude Venture Partners II, L.P. <sup>(2)</sup>
	ddress of Repore Capital Pa	ting Person <sup>*</sup> artners II, LI	L <u>C</u>									
(Last) 800 EL CAI	(First) MINO REAL,		(Middle	e)								
(Street) MENLO PA	ark ca		94025	i								
(City)	(State	)	(Zip)		_							
	ddress of Repor	ting Person <sup>*</sup> artners II, L	<u>.P.</u>									
(Last) 800 EL CAN	(First)		(Middle	<del>?</del> )								
(Street) MENLO PA	IRK CA		94025	,								
(City)	(State	)	(Zip)									
I	ddress of Repor											
(Last)	(First)		(Middle	<del>?</del> )								

1. Name and Address of Reporting Person*  ENRIGHT PATRICK G								
(Last) (First) (Middle) 800 EL CAMINO REAL, SUITE 220								
(Street) MENLO PARK	CA	94025						
(City)	(State)	(Zip)						

## **Explanation of Responses:**

- 1. The Series C Convertible Preferred Stock is convertible into Common Stock on a 5.2083-for-one basis into the number of shares of Common Stock shown in column 3 at any time at the holder's election and automatically upon the closing of the Issuer's initial public offering. The shares have no expiration date.
- 2. This report is filed jointly by Longitude Capital Partners II, LLC ("Longitude Capital II"), Longitude Venture Partners II, L.P. ("Longitude Venture II"), Patrick G. Enright ("Mr. Enright") and Juliet Tammenoms Bakker ("Ms. Bakker"), all of whom share beneficial ownership of more than 10% of the capital stock of the Issuer. Longitude Capital II is the general partner of Longitude Venture II and may be deemed to share voting and investment power over the shares held by Longitude Venture II. Mr. Enright and Ms. Bakker are the managing members of Longitude Capital II and may be deemed to share voting and investment power over the shares held by Longitude Venture II. Each of Longitude Capital II, Mr. Enright and Ms. Bakker disclaims beneficial ownership of such shares except to the extent of its, his or her pecuniary interest therein.

 /s/ Patrick Enright
 07/19/2017

 /s/ Patrick Enright
 07/19/2017

 /s/ Patrick Enright
 07/19/2017

 /s/ Juliet Tammenoms Bakker
 07/19/2017

 \*\* 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 5 (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.