SEC	Form 4	
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FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
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Filed p	suant to Section 16(a) of the Securiti	ies Exchange Act of 1934
	Section 30(h) of the Investment Cor	mpany Act of 1940

1. Name and Address of Reporting Person [*] RA CAPITAL MANAGEMENT, L.P.				2. Issuer Name and Ticker or Trading Symbol Kala Pharmaceuticals, Inc. [KALA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last) 200 BEF		rst) (1 TREET, 18TH F	Middle) LOOR		ate of Earliest Transaction (Month/Day/Year) 26/2022							Officer (give title Other (specify below) below)							
(Street) BOSTON MA 02116 (City) (State) (Zip)				4. If <i>J</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person								
		Table	I - Non-Deriva	tive s	Secu	uritie	s Acq	uired	d, Di	spose	d of, d	or B	enefici	ally Own	ed				
1. Title of Security (Instr. 3) Date (Month/Day/Year)		Exect if any	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		Amount (A) d		D) (Inst	str. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	Stock		05/26/2022				S)5,686	D	<u> </u>	.3636(1)	(Instr. 3 and 4) See 7,039,613 ⁽²⁾ I See Footnote Footnote			otes ⁽²⁾⁽³⁾		
		Tal	ble II - Derivati	ive Se	ecur	ities	Acqu	ired,	Disp	osed	of, or	r Be	neficia	lly Owner	d				1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	(e.g., pt 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code 8)	action	5. N of Deri Sec Acq (A) Disp of (I	umber vative urities uired or oosed 0) tr. 3, 4	6. Dat Expira	Deptions, convertil 6. Date Exercisable and Expiration Date (Month/Day/Year)		and 7 4 5 1 1 5	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned		10. Owner Form: Direct or Indi (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exerc	isable	Expira Date		Fitle	Amount or Number of Shares						
		f Reporting Person [*]						-											
(Last)		(First) TREET, 18TH F	(Middle)		_														
(Street) BOSTO	N	МА	02116		_														
(City)		(State)	(Zip)																
		f Reporting Person [*] Ithcare Fund I																	
		(First) MANAGEMEN FREET 18TH FI																	
(Street) BOSTO	N	МА	02116		-														
(City)		(State)	(Zip)		-														
	nd Address o <u>nsky Pete</u>	f Reporting Person [*] P <u>r</u>	·																
		(First) MANAGEMEN TREET 18TH FI																	

(Street) BOSTON	МА	02116					
(City)	(State)	(Zip)					
1. Name and Addre Shah Rajeev	rson*						
(Last)	(First)	(Middle)					
C/O RA CAPITAL MANAGEMENT, L.P.							
200 BERKELE	Y STREET 18T	H FLOOR					
(Street)							
BOSTON	MA	02116					
(City)	(State)	(Zip)					

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$0.35 to \$0.3875; the price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide full information regarding the number of shares and prices at which these transactions, and all other transactions reported in this Form 4, were effected upon request to the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer.

2. These securities include 7,039,613 shares held directly by RA Capital Healthcare Fund, L.P. (the "Fund").

3. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund. The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.

<u>/s/ Peter Kolchinsky, Manager</u>	
<u>of RA Capital Management,</u>	05/26/2022
<u>L.P.</u>	
<u>/s/ Peter Kolchinsky, Manager</u>	
of RA Capital Healthcare	
Fund GP, LLC, the General	05/26/2022
Partner of RA Capital	
Healthcare Fund, L.P.	
<u>/s/ Peter Kolchinsky</u> ,	05/26/2022
<u>individually</u>	03/20/2022
<u>/s/ Rajeev Shah, individually</u>	<u>05/26/2022</u>
** 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.