FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response	e: 0.5								

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

Name and Address of Reporting Person* <u>Brazzell Romulus K</u>						2. Issuer Name and Ticker or Trading Symbol Kala Pharmaceuticals, Inc. [KALA]								Check	tionship of Reporti all applicable) Director Officer (give title		10% O		
		rst) (MACEUTICALS SETTS AVENUI	1			3. Date of Earliest Transaction (Month/Day/Year) 01/04/2023								X	below)		below)		specify
(Street) ARLINGTON MA 02476 (City) (State) (Zip)					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Indiv ine) X	' I				
		Table	I - No	on-Deriva	tive \$	Secui	rities	Acc	quired	l, Dis	sposed of	f, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,		ate,	3. Transaction Code (Instr. 8)					1 and 5) Secui Benet Owne		cially I Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(1130.4)
Common Stock ⁽¹⁾ 01/04/20)23			A		12,800	A	\$	\$ 0		18,609(2)		D		
Common Stock 01/04/20)23			S		73 ⁽³⁾ D \$		\$28.	53(4)	18,536 ⁽⁵⁾			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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv	r osed) r. 3, 4	Expiration (Month/Dass			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Number of Shares						

Explanation of Responses:

- 1. Grant of restricted stock units ("RSUs") under the Issuer's 2017 Equity Incentive Plan. Each RSU represents a contingent right to receive one share of the Issuer's common stock. Subject to the Reporting Person's continued employment with Issuer, the RSUs will vest as to 1/3 of the shares underlying the RSUs on January 4, 2024, as to 1/3 of the shares underlying the RSUs on January 4, 2025 and as to the final 1/3 of shares underlying the RSUs on January 4, 2026.
- 2. Includes 13,167 unvested RSUs.
- 3. 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 January 4, 2021.
- 4. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$28.52 to \$28.59, 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.
- 5. Includes 12,984 unvested RSUs.

Remarks:

Head of Research and Development and Chief Medical Officer

/s/ Eric Trachtenberg, Attorney-in-Fact

01/06/2023

** 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.