FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person* <u>Brazzell Romulus K</u>						2. Issuer Name and Ticker or Trading Symbol KALA BIO, Inc. [KALA]								(Chec	k all app Direc	tor	ng Pers	son(s) to Is 10% Ov Other (s	vner
(Last)	(F LA BIO, I	,	, , ,			3. Date of Earliest Transaction (Month/Day/Year) 05/31/2024								V		Officer (give title below) SEE REI		below)	вреспу
1167 MASSACHUSETTS AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) ARLINGTON MA 02476														V	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exec if any	Deemed cution Date, y oth/Day/Year)				es Acquired (A) o Of (D) (Instr. 3, 4				ties cially I Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		се	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 05/31/2					2024				S		2,002(1)	D \$6		0.09(2)	89,471(3)			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date			if any	emed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dar (Month/Day/Yo		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst. 3 and 4)		De Se (In:	Price of rivative curity str. 5)		ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

- 1. This sale was made pursuant to a 10b5-1 trading plan adopted by the Reporting Person on November 9, 2020 to cover tax withholding obligations in connection with the vesting and settlement of the Reporting Person's restricted stock units ("RSUs") granted on May 31, 2023.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$6.07 to \$6.58, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, 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 75,743 unvested RSUs.

Remarks:

Head of Research and Development and Chief Medical Officer

/s/ Mary Reumuth, Attorneyin-Fact

06/03/2024

** 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.