FORM 4

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

١	Wash	ııngton,	D.C.	20549	

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 ar	2. Issuer Name and Ticker or Trading Symbol Kala Pharmaceuticals, Inc. [ KALA ]								(Ched	k all app Direc	,	ng Perso	on(s) to Is 10% Ov Other (s	wner						
(Last) (First) (Middle) C/O KALA PHARMACEUTICALS, INC. 490 ARSENAL WAY, SUITE 120						3. Date of Earliest Transaction (Month/Day/Year) 03/16/2020								X	belov					
(Street) WATERTOWN MA 02472 (City) (State) (Zip)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution Date,						s Acquired (A) or f (D) (Instr. 3, 4 an		5. Amo Securit Benefic Owned Report	ies cially Following	6. Own Form: (D) or I (I) (Inst	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	(A) or (D) Price		Transa	ction(s) 3 and 4)			(msu. 4)	
Common Stock 03/16/20					2020			P		10,000	A \$5.		<b>5.</b> 75	75 10,000		I	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)	vative Conversion Date Execution Date, if any		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed ) r. 3, 4	6. Date Exerci Expiration Da (Month/Day/Yo		Amount Securiti Underlyi Derivatii Security 3 and 4)		unt of rities rlying ative rity (Ins	De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di	D. wnership orm: irect (D) r Indirect ) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	Code V (A) (D)		Date Exercis	able	Expiration Date	Title	of								

**Explanation of Responses:** 

/s/ Eric Trachtenberg, Attorney-in-Fact

03/17/2020

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.