FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 and Address of Reporting Person* Bazemore Todd						2. Issuer Name and Ticker or Trading Symbol Kala Pharmaceuticals, Inc. [KALA]									5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owner X Officer (give title Other (spe					
(Last) (First) (Middle) C/O KALA PHARMACEUTICALS, INC. 490 ARSENAL WAY, SUITE 120						3. Date of Earliest Transaction (Month/Day/Year) 10/26/2021									below	<i>ı</i>) ``	below)			
(Street) WATERTOWN MA 02472 (City) (State) (Zip)						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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Da		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		A) or , 4 and	5. Amo Securit Benefic Owned Report	ties cially I Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) (D)	or F	Price	Transa	action(s) 3 and 4)			(111501.4)					
Common	021			S		12,544 ⁽¹⁾	Г)	\$1.8 ⁽²⁾	3 ⁽²⁾ 122,045 ⁽³⁾			D							
Common Stock															42			I	By son	
	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)	ive Conversion Date Execution Date y or Exercise (Month/Day/Year) if any		ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)		
					Code \		(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

- 1. 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 June 25, 2020.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$1.79 to \$1.89, 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.
- 3. Includes 77,500 unvested RSUs.

/s/<u>Eric Trachtenberg</u>, Attorney-in-Fact

10/28/2021

** 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.