UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL					
MB Number:	3235-0287				
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ours per response	0.5				

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Nama ar														
Name and Address of Reporting Person * Schutz James J		2. Issuer Name and Ticker or Trading Symbol Oculus Innovative Sciences, Inc. [OCLS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) (First) (Middle) 1129 N. MCDOWELL BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 03/07/2012					X Officer (give title below) Other (specify below) Chief Operating Officer						
(Street) PETALUMA, CA 94954			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person ired, Disposed of, or Beneficially Owned				*)	
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					s Acquired						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)		n Date, if (of (D) Owned Follow				Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(Wolldi) L	Jay/ I car)	Code	e V Ar	(A) or (D)	Price			or (I)	r Indirect (I	
Reminder:	•							s who respon						174 (9-02)
Reminder:							containe form dis	ed in this for splays a curre sed of, or Bene	m are not ently valid eficially Ow	required d OMB co	to respon	d unless th		1/4 (9-02)
Title of Derivative Security	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction Code	5. Numb	er of ve es d (A) sed	contain form dis ired, Dispos options, con	ed in this forms plays a current sed of, or Bene exertible secure excisable and Date	m are not ently valid eficially Ow	required d OMB convined d Amount ving	to respond ntrol numl	d unless the ber. 9. Number o	f 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)
Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transactic Code (Instr. 8)	5. Numb Derivative Securitie Acquired or Dispo of (D) (Instr. 3,	er of ve es d (A) sed 4,	containd form dis ired, Dispos options, con 6. Date Exe Expiration	ed in this fori splays a curre sed of, or Bene evertible secur ercisable and Date y/Year)	m are not ently valid eficially Ownities) 7. Title and of Underly Securities	required d OMB convined d Amount ving	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)

Reporting Owners

Demostine Omera Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Schutz James J 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954	X		Chief Operating Officer			

Signatures

/s/ Robert E. Miller as attorney-in-fact	03/09/2012
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) The option vests immediately as to 78,000 shares, and will vest 1/36th per month over a three year vesting schedule commencing on the date of grant as to the remaining 109,500 shares.
- (2) The option grant was made pursuant to the Issuer's 2011 Bonus Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.