FORM 4

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

OMB APPROVAL
OMB Number: 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).

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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | |
|--|---|-----------------------|---|---|--|---------------|-------|--|--|--|---|--|--------------------------------------|---|--|------------|
| 1. Name and Address of Reporting Person *- Alton Gregg H | | | | | 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) 08/24/2012 | | | | | | | | Officer (give | title below) | | r (specify below |) |
| (Street) PETALUMA, CA 94954 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | _X_ F | 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqui | | | | | | Acquired, | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes | | | 2A. Deemed Execution Date, r) any (Month/Day/Yea | | | Code (Inst | r. 8) | (A) o | curities Acquire Disposed of (a), (b), (c), (d), (e), (e), (e), (e), (e), (e), (e), (e | (D) Own Tran | | Securities Beneficially ing Reported | | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership Instr. 4) | |
| Tellinger. | report off a | separate line for eac | | Derivat | ive S | Securitie | s Ac | Perso in this displa quired, Disp | ons was formations and a second secon | tho respond n are not re currently vo of, or Benefi | quired to alid OMB | respond control r | unless the | | ned SEC 1 | 474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ole and | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | |
| | | | | Code | V | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$ 0.93 | 08/24/2012 | | A | | 30,405 | | 08/24/201 | 2(1) | 08/24/2022 | Commo Stock | n 30,405 | (2) | 290,405 | D | |
| Repor | ting O | wners | | | | | | | | | | | | | | |

| | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Alton Gregg H 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954 | X | | | | | | |

Signatures

| /s/ Robert Miller as attorney in fact | 08/27/2012 | | |
|---------------------------------------|------------|--|--|
| **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 shall be fully vested as of the date of grant.
- (2) The option was granted by the Issuer as compensation for serving on the Issuer's Board of Directors.

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.