FORM 4

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

| OMB APPROVAL | | | | |
|-------------------------|-----------|--|--|--|
| MB Number: | 3235-0287 | | | |
| stimated average burden | | | | |
| ours 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

| | pe Response | es) | | | | | | | | | | | | |
|---|---|--|---|--|---|---|--|---|--|-------------------------------|--|---|--|--|
| I. Name and Address of Reporting Person * French Gregory M (Last) (First) (Middle) 1129 N. MCDOWELL BLVD. (Street) PETALUMA, CA 94954 | | | Issuer Name and Ticker or Trading Symbol Oculus Innovative Sciences, Inc. [OCLS] 3. Date of Earliest Transaction (Month/Day/Year) 09/06/2013 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below) | | | | | |
| | | | | | | | | | | | | |) | |
| | | | | | | | | _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 | | | | | |
| PETALU (Cit | | (State) | (Zip) | Table I - Non-Derivative Securities Acqu | | | | | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | any | med on Date, if | 3. Tı Code (Inst | ransaction 4. (A) (A) (In) | Securities Acqu or Disposed of str. 3, 4 and 5) | ired 5. An Owner Trans | amount of Securities Be ned Following Reported nsaction(s) ttr. 3 and 4) | | eneficially 6. d O Fo D or (I | Ownership form: Direct (D) r Indirect | Beneficial Ownership | | |
| | | | Table II - | Derivative | e Securitie | s Ac | in this fo | who respond rm are not re a currently v | quired to alid OMB | respond control r | unless th | | | |
| | | | | (e.g., puts. | . calls, war | rant | ts. options. con | vertible securit | ies) | ieu | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code | 5. Numb of Derivati Securitie Acquire (A) or Dispose (D) (Instr. 3. | ber ive es ed | ts, options, con 6. Date Exerci Expiration Dat (Month/Day/Y | vertible securit sable and e | 7. Title an Amount o Underlyin Securities (Instr. 3 au | nd of | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form of Derivativ Security: Direct (D or Indirect | (Instr. 4) |
| Derivative Security | Conversion or Exercise Price of Derivative | Date | Execution Date, if any | 4. Transactio Code (Instr. 8) | 5. Numb of Derivati Securitie Acquire (A) or Dispose (D) | ber ive es ed | bate Exercisable | vertible securit sable and e | 7. Title an Amount o Underlyin Securities | nd of | Derivative Security | Derivative Securities Beneficially Owned Following Reported Transaction | Ownersh Form of Derivativ Security: Direct (D or Indirects) (I) | of Indire Benefici Ownersl (Instr. 4) |

| | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| French Gregory M 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954 | X | | | | | |

Signatures

| /s/ Robert Miller as attorney in fact | 09/10/2013 |
|---------------------------------------|------------|
| **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.