FORM 4

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

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

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

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

(rint of Type Responses)											
1. Name and Address of Harish Sameer	2. Issuer Name and Ticker or Trading Symbol Oculus Innovative Sciences, Inc. [OCLS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) 1129 N. MCDOWEI	(First) L BLVD.		3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) X Other (specify below) 09/19/2013 Officer of Subsidiary (3)						low)		
PETALUMA, CA 94	(Street)		4. If Amendment, D	ate Origina	l File	d(Month/Da	y/Year)		6. Individual or Joint/Group Filing(Cl _X_Form filed by One Reporting Person Form filed by More than One Reporting Pers		Line)
(City)	(State)	(Zip)	Ta	ble I - Nor	-Der	ivative S	ecurities	Acqu	ired, Disposed of, or Beneficially Ov	wned	
1.Title of Security (Instr. 3)			Execution Date, if	3. Transact Code (Instr. 8)			isposed o	f(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership	7. Nature of Indirect Beneficial
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	ber	6. Date Exer	rcisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration I	Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	ive	(Month/Day	/Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securit	ies			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquir	ed			(Instr. 3 and	d 4)			2	(Instr. 4)
	Security					(A) or								Direct (D)	
						Dispos	ed						1	or Indirect	
						of (D)							Transaction(s)		
						(Instr. 3	5, 4,						(Instr. 4)	(Instr. 4)	
						and 5)	1		1						
											Amount				
								Date	Expiration		or				
								Exercisable	1	Title	Number				
				Code	X 7						of				
				Code	v	(A)	(D)				Shares				
Stock															
Option	\$ 2.97	09/19/2013				5 251		(1)	09/19/2023	Common	5,351	(2)	5 251	D	
(Right to	\$ 2.97	09/19/2013		А		5,351		11	09/19/2023	Stock	5,551	<u>(2)</u>	5,351	D	
Buy)															
Dujj															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Harish Sameer 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954				Officer of Subsidiary (3)				

Signatures

/s/ Robert Miller as attorney-in-fact	09/20/2013
**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 vest quarterly over a three year vesting schedule from date of grant.
- (2) The option was granted by the Issuer as incentive compensation pursuant to the Issuer's 2013 Bonus Plan in lieu of cash.

Remarks:

3. Mr. Harish is Chief Financial Officer of Ruthigen, Inc., a wholly-owned subsidiary of the Issuer.

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.