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					

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

	_	Dunar Nama / Add			Rel	ationsh	ips		1							
Repor	rting O	wners														
Stock Options (right to buy)	\$ 0.86	03/02/2015		Α		7,246		03/02/20	15 <mark>(1</mark>)	03/02/2025	Commo Stock	7.246	<u>(2)</u>	63,967	D	
				Code	v	(A)	(D)	Date Exercisabl	e	Expiration Date	Title	Amount or Number of Shares				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code							7. Title a Amount of Underlyi Securitie (Instr. 3 a	of ng s		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	(Instr. 4)
	·	separate line for eac	Table II -	Derivati (e.g., put	ve S	ecuriti	es Ao	Pers cont form equired, Di ts, options,	ons ained disp spose conv	who respond d in this form plays a curred d of, or Benefi ertible securit	are not ntly valic icially Ow ies)	required I OMB co	to respond	d unless th	e	174 (9-02)
(Month/Day/Yea			(Month	y/Year)		Code V			Transaction((Instr. 3 and			D 0 (1		eneficial wnership nstr. 4)		
1.Title of Security 2. Transaction (Instr. 3) Date		2A. Deemed 3. Transaction 4. Sec Execution Date, if Code (A) or					ecurities Acqui	ired 5. A	5. Amount of Securities Beneficially Owned Following Reported			6. 7. Natur Ownership of Indir				
PETALUMA, CA 94954 (City) (State) (Zip)				Table I. Non Darivative Securities Acon						—¹	X_Form filed by One Reporting PersonForm filed by More than One Reporting Person ired, Disposed of, or Beneficially Owned					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)					
(Last) (First) (Middle) C/O OCULUS INNOVATIVE SCIENCES, INC., 1129 NORTH MCDOWELL BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 03/02/2015						Officer (give	title below)		er (specify below)		
1. Name and Address of Reporting Person * BARBARI SHARON SURREY				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					
(Print or Ty	pe Response	es)														

Reporting Owner Name / Address	Relationships						
Reporting 6 where remains a reading section of the	Director	10% Owner	Officer	Other			
BARBARI SHARON SURREY C/O OCULUS INNOVATIVE SCIENCES, INC. 1129 NORTH MCDOWELL BLVD. PETALUMA, CA 94954	Х						

Signatures

/s/ Robert Miller as attorney-in-fact	03/03/2015
**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 options vest immediately, on the date such options were granted.
- (2) The option was granted by the Issuer pursuant to the Non-Employee Director Compensation 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.