FORM	4
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(Print or Type Responses)

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

1. Name and Address of Birnbaum Jay E	of Reporting Perso		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) C/O OCULUS INN INC., 1129 N. MCI		IENCES,	3. Date of Earliest T 08/31/2015	ransaction	(Mon	th/Day/Y	ear)		Officer (give title below) O	ther (specify bel	ow)
PETALUMA, CA S	(Street) 04954		4. If Amendment, D	ate Origina	l File	d(Month/Da	y/Year)		6. Individual or Joint/Group Filing(Ch _X_Form filed by One Reporting Person Form filed by More than One Reporting Pers		Line)
(City)	(State)	(Zip)	T	able I - Noi	n-Der	ivative S	ecurities	a Acqu	ired, Disposed of, or Beneficially Ov	vned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transac Code (Instr. 8)		4. Securi (A) or D (Instr. 3,	isposed of	of (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	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (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. Number 6		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of		Expiration Da	ite	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		Derivat	tive	(Month/Day/	Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securit	ies					< /	-	Derivative	Ownership
	Derivative					Acquir	ed	(Instr.		(2	(Instr. 4)	
	Security					(A) or					0	Direct (D)			
						Dispos	ed				1	or Indirect			
						of (D) (Instr. 3	2 1						Transaction(s) (Instr. 4)	(1) (Instr. 4)	
						and 5)), 4 ,						(IIISU. 4)	(11150.4)	
						und 5)	1			-					
											Amount				
								Date	Expiration		or Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				
Stock															
Options	0 1 21	00/21/2015				4 0 1 2		00/21/2015	00/21/2025	Common	4 0 1 2		160.406	D	
(Rights	\$ 1.21	08/31/2015		Α		4,813		08/31/2015	08/31/2025	Stock	4,813	<u>(1)</u>	169,406	D	
to Buy)															

Reporting Owners

Reporting Owner Name / Address	Relationships							
Teporting Owner Painter / Padress	Director	10% Owner	Officer	Other				
Birnbaum Jay E C/O OCULUS INNOVATIVE SCIENCES, INC. 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954	Х							

Signatures

/s/ Robert Miller as attorney in fact	09/02/2015
***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 were 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.