## FORM 4

# x if no

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

OMB APPR	OVAL				
OMB Number:	3235-0287				
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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	<del>(S)</del>												
I. Name and Address of Reporting Person *- MCLAUGHLIN JOHN  (Last) (First) (Middle) C/O OCULUS INNOVATIVE SCIENCES, INC., 1129 N. MCDOWELL BLVD.  (Street)  PETALUMA, CA 94954			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					
			NCES,	3. Date of Earliest Transaction (Month/Day/Year) 08/31/2015					_	Officer (give title below) Other (specify below)				
			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  X. Form filed by One Reporting Person  Form filed by More than One Reporting Person				e)	
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities				s Acquire	quired, Disposed of, or Beneficially Owned					
1.Title of Security 2. Transac (Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Executio any	2A. Deemed Execution Date, if		ansaction 4.	-		5. Amount of Securities Beneficial Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficially 6 ed C F	Ownership of orm:	Nature Indirect eneficial wnership	
						Co	ode V A	(A) or (D)	Price			(1		
							contain	s who respor ed in this for splays a curr	m are no	ot required	d to respoi	nd unless th		74 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion of Deriv ) Securi Acqui (A) of Dispo	rrants imber vative rities iired r osed	contain form dis quired, Dispo	ed in this for splays a curr sed of, or Ben exertible secur cisable and late	m are no ently val	ot required lid OMB of Owned and of of ng	to respondent on trol number of the second o	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	To. Ownership Form of Derivative Security: Direct (D) or Indirect (S) (I)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	tion of Deriv ) Securi Acqui (A) of Dispo	rrants mber vative rities ired or osed ) : 3, 4,	contain form dis	ed in this for splays a curr sed of, or Ben exertible secur cisable and late	eficially Crities) 7. Title a Amount Underlyi Securities	ot required lid OMB of Owned and of of ng	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	To. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Reporting Owner Funite / Fuditess	Director	10% Owner	Officer	Other		
MCLAUGHLIN JOHN C/O OCULUS INNOVATIVE SCIENCES, INC. 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954	X					

### **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.