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

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OMB APPROVAL
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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	es)												
1. Name and Address of Reporting Person * BARBARI SHARON SURREY (Last) (First) (Middle) C/O OCULUS INNOVATIVE SCIENCES, INC., 1129 NORTH MCDOWELL BLVD.		S. 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) 11/30/2015					Officer (give title below) Other (specify below)						
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					_X_1	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 (City	MA, CA 9	(State)	(Zip)				N D							
		(******)		124 D				Securities						Natara
(Instr. 3)				2A. Deemed Execution Date, is any (Month/Day/Year		f Code (Instr. 8)				5. Amount of Securities Bo Owned Following Reporte Transaction(s) (Instr. 3 and 4)		ed Ov Fo	wnership of Be	Nature Indirect eneficial wnership
						Co	ode V A	mount (A) or (D)	Price	or Indirect (I) (Instr. 4))	nstr. 4)	
							Person contair	ed in this for	m are not	required	l to respoi	nd unless th	9	
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	5. N tion of Der Seco	umber vative urities uired	contair form di quired, Dispo s, options, co 6. Date Exe Expiration I	splays a curresed of, or Benevertible securcisable and Date	ently valid	d OMB co	8. Price of	9. Number of Derivative Securities Beneficially Owned	10. Ownership Form of Derivative Security:	Beneficia
Derivative Security	Conversion or Exercise Price of	Date	3A. Deemed Execution Date, if any	4. Transac Code	tion of Der. Secondary (A) Disposed of (I	vative urities uired or bosed D)	contain form di quired, Disp s, options, co 6. Date Exe Expiration I (Month/Day	splays a curresed of, or Benevertible securcisable and Date	eficially Overities) 7. Title and Amount of Underlying Securities	d OMB cowned d f g g and 4) Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially	10. Ownership Form of Derivative Security: Direct (D) or Indirect	of Indirect Beneficia Ownersh
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	tion of Der. Secondary (A) Displayed (Ins	vative urities uired or cosed D) rr. 3, 4, 5)	contain form di quired, Disp s, options, co 6. Date Exe Expiration I (Month/Day	splays a curresed of, or Benevertible securcisable and Date	eficially Overities) 7. Title and Amount of Underlying Securities	d OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	of Indirect Beneficia Ownersh

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Names	Director	10% Owner	Officer	Other	
BARBARI SHARON SURREY C/O OCULUS INNOVATIVE SCIENCES, INC. 1129 NORTH MCDOWELL BLVD. PETALUMA, CA 94954	X				

Signatures

/s/ Robert Miller as attorney-in-fact	12/02/2015
**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.