FORM 4

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

OMB APPRO	VAL
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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	cs)												
1. Name and Address of Reporting Person *- MCLAUGHLIN JOHN				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) (First) (Middle) C/O OCULUS INNOVATIVE SCIENCES, INC., 1129 N. MCDOWELL BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 11/30/2015							give title below)		r (specify below)	
(Street)				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				
	MA, CA 9									Form med	by More than One	e Reporting Person		
(Cit	y)	(State)	(Zip)		T	able I	- Non-Deriv	ative Securiti	es Acqui	red, Dispos	ed of, or Ber	neficially Own	ed	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	n Date, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Foll Transaction	. /	ted C	Ownership o Form: B	Beneficial	
				(Month/I	Oay/Year)	Co	ode V A	(A) o	or	or Inc		r Indirect (Ir	wnership nstr. 4)	
Reminder:								s who respo						74 (9-02)
	la.	la Turnania	(e.g., puts	, calls, wa	rrants	contair form di quired, Dispe s, options, co	ed in this fo splays a cu sed of, or Be nvertible sec	orm are rrently veneficially urities)	not requir valid OMB	ed to respo control nur	nd unless th	e	, ,
1. Title of Derivative	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	5. Nu tion of Deriv	mber rative rities ired rosed) . 3, 4,	contair form di quired, Dispo s, options, co 6. Date Exer Expiration I	ed in this for splays a cursed of, or Benvertible security and bate	rrently verificially urities) 7. Title Amount Underly Security	not requir ralid OMB Owned e and nt of lying	ed to respo control nur	nd unless th	To. Ownership Form of Derivative Security: Direct (D) Or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	tion of Deriv) Secur Acqu (A) o Dispo of (D (Instr	mber rative ratives ired rosed) . 3, 4,	contair form di quired, Dispe s, options, co 6. Date Exer Expiration I (Month/Day	ed in this for splays a cursed of, or Benvertible security and bate	rrently verificially urities) 7. Title Amount Underly Security	not requir ralid OMB r Owned e and nt of lying ties	8. Price of Derivative Security (Instr. 5)	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 Ownersh (Instr. 4)

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Names	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	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.