FORM 4	4
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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).

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

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02)

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 Type Responses)											
1. Name and Address of Reporting Pe 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				
(Last) (First) C/O OCULUS INNOVATIVE S INC., 1129 NORTH MCDOWE		5, 02/29/2016					Officer (give title below) Other (specify below)				
(Street) PETALUMA, CA 94954		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			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquir					red, Disposed of, or Beneficially Owned				
1. Title of Security (Instr. 3)	(Month/Day/Year)	Execution Date, if		tion	(A) or Disposed of (D)		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership	
			Code	V	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock, \$0.0001 par value per share	02/29/2016		А		4,356	А	<u>(1)</u>	4,356	D		
Common Stock, \$0.0001 par value per share	02/29/2016		А		11,250 A (2)		<u>(2)</u>	15,606	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information 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.	5.1	Numbe	r 6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	1 of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	De	rivativ	e (Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	See	curities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Ac	quired			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(A)) or			4)			Following	Direct (D)	
					Dis	sposed						Reported	or Indirect	
						(D)						Transaction(s)	< /	
						str. 3,						(Instr. 4)	(Instr. 4)	
					4, :	and 5)								
										Amount				
							Date	Evaluation		or				
							Exercisable	Expiration Date	Title	Number				
							Excicisable	Date		of				
				Code V	(A	(D)				Shares				

Reporting Owners

Describe Operative (Address	Relationships						
Reporting Owner Name / Address	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	03/02/2016
**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 stock was granted by the Issuer as a quarterly retainer pursuant to the Non-Employee Director Compensation Plan.

(2) The stock was granted as an annual grant 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.