# FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	0.5

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

1 Name and		- /													
(Print or Type Responses)  1. Name and Address of Reporting Person * Birnbaum Jay E				2. Issuer Name <b>and</b> 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) 02/29/2016							Officer	(give title belo	w)	Other (specify b	pelow)
(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					
PETALUM	IA, CA 9	4954										d by More than	One Reporting	CISOII	
(City)		(State)	(Zip)	Т	able	I - Non-l	Deriv	ative Se	curities	Acqui	ired, Dispo	sed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		f Code (Instr. 8)		tion 4. Securities Acqu (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficial	lly Owned Following Transaction(s)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
						Code	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common St value per sh		0001 par	02/29/2016			A		4,103	A	<u>(1)</u>	4,103			D	
Common St	tock, \$0.0	0001 par	02/29/2016			4		11,250		(2)	15,353			D	
value per sh	nare		02/29/2010			A		11,230	Λ	(2)	15,555				
value per sh Reminder: Re		separate line fo	or each class of secu	rities beneficially	y owi					(2)	13,333				
value per sh Reminder: Re		separate line fo		rities beneficially	y owi	ned direc	tly or Perso	ons wh	o respo	nd to	the colle	ction of in uired to re I OMB cor	spond un	Si	EC 1474 (9- 02)
value per sh Reminder: Re indirectly.	eport on a s		or each class of secu Table II - D	Derivative Securi	ities A	ned direct  F C t  Acquirect ants, opti	erso conta he fo	ons when ined in orm dis	o respo this for plays a f, or Ben ible secu	nd to rm ar curre	the colle e not requ ently valid	uired to re I OMB cor	spond un itrol numb	S) ess er.	02)
Nature per shape value per shape value per shape value per shape value value value value value per shape value	eport on a s	3. Transaction	Table II - D  (a)  1 3A. Deemed Execution Da any	Derivative Securi	ities Awarra 5. 3 on of De See Acc (A Disof (In	ned direct	Persontal he for the formula of the	ons who	or respond this for plays a f, or Bendible secutions able on Date	nd to rm ar curre reficia rities) 7. T Am Und	the colle e not requently valid	uired to re I OMB cor	spond un atrol numb	of 10. Owners: Form of Derivati Security Direct () or Indire	11. Natur of Indirec Beneficia ve Ownersh (Instr. 4)

#### **Reporting Owners**

Post of the Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Birnbaum Jay E						
C/O OCULUS INNOVATIVE SCIENCES, INC.	X					
1129 N. MCDOWELL BLVD.	Λ					
PETALUMA, CA 94954						

### **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.