FORM 4

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

| OMB APPI | ROVAL | | | | |
|--------------------------|-----------|--|--|--|--|
| DMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| ours per respon | se 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

| (Print or Type | Response | s) | | | | | | | | | | | | | | |
|---|-----------|--|----------------------------|---|-----------|----------|---|---------------------------|---|---|--|---|--------------------------------------|---|---|-------------------|
| 1. Name and Address of Reporting Person * Harrison Russell Joseph | | | | 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 NORTH MCDOWELL BLVD. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2016 | | | | | | | | | | Other (specify be | low) | |
| (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 Acqui | | | | | | Acqui | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Da any (Month/Day/ | | Code (Instr. 8) | | (| (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) P | | of | Reported Tran (Instr. 3 and 4 | | Following n(s) | Ownership Form: | 7. Nature of Indirect Beneficial Ownership Instr. 4) | | |
| Common St value per sh | | 0001 par | 05/31/2016 | | | A | | | 5,090 | | | 21,327 | | | D | |
| | | | | Derivative Sec | | | tl uired | ontai he fo l, Disp | ined ir rm dis posed o | this for plays a f, or Ben | rm are curre eficial | not req | uired to re d OMB co | nformation espond unlentrol number | ess | C 1474 (9- 02) |
| (Instr. 3) Pri | onversion | 3. Transaction Date (Month/Day/\(^2\) | 3A. Deemed Execution Da | e.g., puts, call 4. Transac Code Year) (Instr. 8 | etion (3) | 5. Numbe | | 6. Dat and E | convertible securiate Exercisable Expiration Date nth/Day/Year) | | 7. Ti Amo Und Secu | itle and ount of erlying urities r. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form of Derivative Security: Direct (D) or Indirec |) |
| | | | | Code | V | (A) (| | Date Exerc | | Expiration Date | n Title | Amount or Number of Shares | | | | |
| Reporti | ing O | wners | | | | | | | | | | | | | | |

| | Relationships | | | |
|--|---------------|-----------|---------|-------|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other |
| Harrison Russell Joseph C/O OCULUS INNOVATIVE SCIENCES, INC. 1129 NORTH MCDOWELL BLVD. PETALUMA, CA 94954 | X | | | |

Signatures

| /s/ Robert Miller as attorney-in-fact | 06/01/2016 |
|---------------------------------------|------------|
| **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.

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 nu | mber. |
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