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

| OMB APPROVAL | | | | | | |
|---|-----------|--|--|--|--|--|
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| Estimated average burden nours per response 0.5 | | | | | | |
| ours per response | | | | | | |

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 | (S) | | | | | | | | | | | | | | |
|--|-------------|--|--------------|---|--|---|------|--------------------|--|---|---|--|---|---|-------------------|--------------------|
| 1. Name and Address of Reporting Person * | | | | 2. Issuer Hume and Hener of Huming Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Schutz James J | | | | Oculus Innovative Sciences, Inc. [OCLS] | | | | | | | | _X_ Direct | tor | | 10% Owner | |
| (Last) (First) (Middle) 1129 N. MCDOWELL BLVD. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/07/2007 | | | | | | | | X Officer (give title below) Other (specify below) Vice President | | | | |
| (Street) | | | | 4. If A1 | 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 | | | | |
| PETALUMA 94954 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | 1 | (State) | (Zip) | | Ta | ble I - | Non- | Deri | vative S | ecurities | Acqui | ired, Disp | osed of, or l | Beneficially | Owned | |
| | | 2A. Deemed Execution Date, if any (Month/Day/Year | | f Code (Instr. 8) | | tion 4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Co | ode | V | Amour | (A) or (D) | Price | | | | (I) (Instr. 4) | (msu. 4) |
| Common | Stock | 1 | 12/07/2007 | | |] | P | | 6,750 | A | \$ 4.67 | \$ 31,522 | 2 | | D | |
| Common | Stock | | 12/07/2007 | | |] | P | | 3,250 | | \$ 4.59 | \$ 14,917 | 7 | | D | |
| indirectly. | | | Table II - D | D erivativ | ve Securiti | es Acc | 1 | conta the f | ained i orm di | n this fo splays a | rm ar | e not req | uired to re | nformation espond unl ntrol numb | less | EC 1474 (9- 02) |
| | | | | | s, calls, wa | | • | | • | | | • | | | | |
| Security or Exercise (Month/Day/Year) any | | te, if Transaction Code I (Instr. 8) | | of | | and Expiration Date (Month/Day/Year) | | Ame Und Sect | Title and ount of derlying urities tr. 3 and | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form o Derivat Securit Direct (or Indir | (Instr. 4) | | | |
| | | | | | Code V | (A) | (D) | Date Exer | cisable | Expiration Date | On Title | Amount or e Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | |
| | | | | | | | | 1 | | | | | | | | |

| | Relationships | | | | | | |
|--|---------------|-----------|----------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Schutz James J 1129 N. MCDOWELL BLVD. PETALUMA 94954 | X | | Vice President | | | | |

Signatures

| /s/ James Schutz | 12/07/2007 |
|-------------------------------|------------|
| 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).

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.

