

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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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 Person * Carpenter Michelle	State (Mor	ement nth/Day/Year	-	~	3. Issuer Name and Ticker or Trading Symbol Oculus Innovative Sciences, Inc. [OCLS]				
(Last) (First) (Middle 1129 N. MCDOWELL BLVD.	e)	21/2008			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)		5. If Amendment, Date Original Filed(Month/Day/Year)		
PETALUMA, CA 94954				DirectorX Officer (given title below)			Filing(Check Applicable Line)  X_ Form filed by One Reporting Person		
(City) (State) (Zip)		Tal	ble I	- Non-Derivati	Non-Derivative Securities Beneficially Owned				
1.Title of Security (Instr. 4)		Ber		lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership t (Instr. 5)			
No securities are beneficially o	wned.	0			D				
number.  Table II - Derivative Se	curities B	eneficially O	wned		warrants, opt	ions, co		e securities)	
1. Title of Derivative Security (Instr. 4)	2. Date Exand Expira	Date Exercisable d Expiration Date onth/Day/Year)		tle and Amount of rities Underlying vative Security	4. Conversion or Exercise	5. On Own se Form	nership n of	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisabl	Expiration Date	(Instr	Amount or Numb of Shares	Price of Derivative Security	Second Direction or In (I)	ivative urity: ect (D) ndirect tr. 5)		
<b>Reporting Owners</b>									
Reporting Owner Name / Address				elationships	_				
reporting owner runner runners	Director	10% Owner	Office	er		Other			
Carpenter Michelle 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954			VP	of Regulatory a	f Regulatory and Quality				

## **Signatures**

/s/ Michelle Carpenter	04/30/2008
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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.