FORM	4
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(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### 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 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) 1129 N. MCDOWELL BLVD.		3. Date of Earliest Transaction (Month/Day/Year) 11/06/2009			Officer (give title below)Other (specify below)					
(Street) PETALUMA, CA 94954		4. If Amendment, D	ate Original	l File	d(Month/Da	y/Year)		6. Individual or Joint/Group Filing(Ch _X_Form filed by One Reporting Person Form filed by More than One Reporting Person		Line)
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
(Instr. 3) Da	Transaction ate 1onth/Day/Year)	Execution Date, if	(Instr. 8)			isposed c 4 and 5) (A) or	of (D)	Transaction(s) (Instr. 3 and 4)	Ownership Form:	Beneficial Ownership

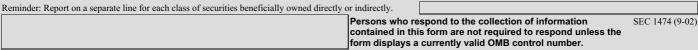


Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

Securities	Ownership	11. Nature of Indirect
Securities		of Indirect
	E 6	or muncer
D C 11	Form of	Beneficial
Beneficially	Derivative	Ownership
	-	(Instr. 4)
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1		
· · ·		
(Instr. 4)	(Instr. 4)	
140 000	D	
140,000	D	
Ov Fo Re Tr (Ir	wned ollowing eported ransaction(s)	wned Security: blowing Direct (D) or Indirect ransaction(s) (I) (Instr. 4)

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Birnbaum Jay E 1129 N. MCDOWELL BLVD. PETALUMA, CA 94954	Х					

### Signatures

/s/ James Schutz as attorney-in-fact	11/10/2009
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 option will vest as to 100% on May 6, 2010.

(2) The option was granted by the Issuer as compensation for services.

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.