| FORM | 4 |
|-------------|---|
|-------------|---|

(D

| 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 P 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) C/O OCULUS INNOVATIVE INC., 1129 NORTH MCDOWE | , | 3. Date of Earliest Transaction (Month/Day/Year) 11/29/2016 | | | | | | Officer (give title below) | Other (specify b | pelow) |
| (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) | (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | Owned | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, if | | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of | Reported Transaction(s) Form (Instr. 3 and 4) Direc | | 7. Nature of Indirect Beneficial Ownership |
| | | | Code | v | Amount | (A) or (D) | Price | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock, \$0.0001 par value per share | 11/29/2016 | | А | | 1,229 A <u>(1)</u> | | <u>(1)</u> | 6,917 | D | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

| (<i>e.g.</i> , puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|------------|--------------------------|----------------------------------|---------------------------|-------------|--|--|-------------------------------|--------------------------------|------------------------|--------------------------------------|--|--|------------|
| Security (Instr. 3) | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if | 4. Transaction Code | 5. Ni of | umber vative rities uired or osed | 6. Date Exer and Expirati (Month/Day | rcisable on Date /Year) | 7. Tit Amo Unde Secur | unt of rlying | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
| | | | | | À, an | d 5) | Date | Expiration Date | Title | Amount or Number | | | `` | |
| | | | | Code V | (A) | | Exercisable | Date | | of Shares | | | | |

Reporting Owners

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

Signatures

| /s/ Robert Miller as attorney-in-fact | 11/30/2016 |
|---------------------------------------|------------|
| 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 number.