FORM 4

obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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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

1. Name and Address of Reporting Person* Freund John Gordon				2. Issuer Name and Ticker or Trading Symbol COLLEGIUM PHARMACEUTICAL, INC [COLL]													10%		Owner	
(Last) (First) (Middle) C/O SKYLINE VENTURE PARTNERS V, L.P. 525 UNIVERSITY AVE.				L.P.	3. Date of Earliest Transaction (Month/Day/Year) 03/19/2018											Officer (give t			belov	,
(Street) PALO AI (City)			94301 (Zip)		4. If	Amen	dment,	Date o	of Origin	d (Month/Da	r)		i. Indiv ine) X	Form Form	al or Joint/Group Form filed by One Form filed by More Person		porting Pe	erson		
		Tab	le I - No	on-Deriva	ative	Sec	uritie	s Ac	quirec	l, Dis	sposed o	f, or	Ber	nefici	ally	Owne	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4, 5)				and See Be Ow		5. Amount of Securities Beneficially Owned Following Reported		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D) Price		Price	Trancac		ion(s)			(Instr. 4)
Common Stock			03/19/2	3/19/2018				J ⁽¹⁾		600,000) D		\$0		1,549,916		I		By Skyline Venture Partners V, L.P. ⁽²⁾	
Common Stock			03/19/2018				J ⁽³⁾		8,791	,	A \$0			20,506		I		By John Freund Family Partnership IV, L.P. ⁽⁴⁾		
		Та	able II -								osed of,					vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/	on Date,	ed 4. Date, Transac Code (Ir		5. Number of		6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		J nstr. 3	Deri Secu	s. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)		Date Exercis	sable	Expiration Date	or Nu of		ımber						

Explanation of Responses:

- 1. Represents a pro rata in-kind distribution of the shares by Skyline Venture Partners V, L.P. without consideration to its limited and general partners.
- 2. The shares are held by Skyline Venture Partners V, L.P. The general partner of Skyline Venture Partners V, L.P. is Skyline Venture Management V, LLC. John G. Freund and Yasunori Kaneko are managers of Skyline Venture Management V, LLC. These individuals share voting and investment power over the shares held by Skyline Venture Management, LLC. Dr. Freund disclaims beneficial ownership of all the shares held by Skyline Venture Partners V, L.P. except to the extent of his proportionate pecuniary interest therein.
- 3. Represents a pro rata in-kind distribution of the shares by Skyline Venture Partners V, L.P. without consideration to the reporting person.
- 4. The shares are held by the John Freund Family Partnership IV, L.P. ("Freund LP"). The reporting person is the trustee and beneficiary of the The John G. Freund Revocable Trust u/a/d 6/26/01 which serves as the general partner of Freund LP. The reporting person disclaims beneficial ownership of the shares held by Freund LP except to the extent of his proportionate pecuniary interest therein.

Remarks:

/s/ Paul Brannelly as Attorney-03/21/2018 In-Fact For John G. Freund,

MD

** Signature of Reporting Person

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

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.