FORM 4

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Kuhlmann Shirley R.					<u>C0</u>	2. Issuer Name and Ticker or Trading Symbol COLLEGIUM PHARMACEUTICAL, INC COLL COLL									elationship of the control of the co	able)	g Pers	on(s) to Issi 10% Ow Other (s	/ner
(Last) (First) (Middle) C/O COLLEGIUM PHARMACEUTICAL, INC 100 TECHNOLOGY CENTER DRIVE			C.	3. Date of Earliest Transaction (Month/Day/Year) 01/25/2019										EV	P and Ge				
(Street) STOUGHTON MA 02072			4. 11	4. If Amendment, Date of 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)	(S	itate)	(Zip)																
		Tak	le I - Non	ı-Deriv	ative	e Se	curities	s Acc	Juired, D	Disp	osed o	f, or E	ene	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/I				Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 5		4. Securi Disposed 5)	1. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		(A) or 3, 4 and	5. Amour Securitie Beneficia Owned F Reported	es For ally (D) Following (I) (Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A)	or	Price	Transact (Instr. 3 a	ion(s)			(instr. 4)
Common Stock ⁽¹⁾ 01/2			01/25	5/2019				A		25,60	0	A	\$0	45,600			D		
		-	Table II - I (ired, Di						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)		Date Exercisable		xpiration ate	Title	O N O	lumber					
Stock Option (Right to	\$15.9	01/25/2019			A		25,600		(2)	0:	1/25/2029	Commo Stock		25,600	\$0	25,600		D	

Explanation of Responses:

- 1. Reflects the grant of restricted stock units. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. Twenty-five percent (25%) of the restricted stock units vest on February 10, 2020, and the balance of the restricted stock units vest in equal annual installments over the following three-year period, subject to the reporting person's continued service with the issuer. The restricted stock units will be settled on each applicable vesting date in shares of the issuer's common stock.
- 2. Twenty-five percent (25%) of the option vests and becomes exercisable on February 10, 2020, and the balance vests in equal quarterly installments (rounded up to the nearest whole share of common stock) over the following three-year period, subject to the reporting person's continued service with the issuer.

Remarks:

/s/ Shirley R. Kuhlmann

01/29/2019

** Signature of Reporting Person

Date

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.