FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
•	0. 0		•

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

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Brannelly Paul					2. Issuer Name and Ticker or Trading Symbol COLLEGIUM PHARMACEUTICAL, INC [COLL]								(Che	eck all applic	·		ner	
(Last) (First) (Middle) C/O COLLEGIUM PHARMACEUTICAL, INC. 100 TECHNOLOGY CENTER DRIVE				_	3. Date of Earliest Transaction (Month/Day/Year) 01/25/2019								- '	X Officer (give title Other (specify below) Executive Vice President & CFO				
(Street) STOUGHTON MA 02072				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	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)	(Zip) ole I - Non-	-Derivati	ve Se	curities		uired	Dier	nosed o	of or I	Sene	eficiall	v Owned				
1. Title of Security (Instr. 3) 2. Transa Date			2. Transact	action 2A. Deemed Execution Date,		3. 4. Securi Transaction Disposed Code (Instr. 5)		ities Acquired (A) od Of (D) (Instr. 3, 4		(A) or	5. Amour Securitie Beneficia Owned F	nt of 6. 0 es For (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	mount (A) or (D)		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock ⁽¹⁾ 01/25			01/25/2	2019		A		32,00	32,000 A		\$0	154,981			D			
			Table II - D	Derivativ e.g., put										Owned				
1. Title of Derivative Security (Instr. 3) Convers Or Exerc Price of Derivati Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Cod	e, Transaction Code (Instr		n of l		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	e V	(A)		Date Exercisabl		expiration pate	Title	N O	Amount or Number of Shares					
Stock Option (Right to	\$15.9	01/25/2019		A		32,000		(2)	0	1/25/2029	Comm Stock		32,000	\$0	32,000)	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/ Paul Brannelly

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.