FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
F-4:41	hurdon								

Check this box if no longer subject to 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

37 Estimated average burden hours per response: 0.5

							()				1 7								
1. Name and Address of Reporting Person* Naday Eran					2. Issuer Name and Ticker or Trading Symbol COLLEGIUM PHARMACEUTICAL, INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
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(Last)	(Last) (First) (Middle)				Ľ	[COLL]									Officer below)	(give title		Other (below)	specify
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						3. Date of Earliest Transaction (Month/Day/Year)									•			·	
C/O TPG GLOBAL, LLC					06/	06/09/2016													
301 COMMERCE STREET, SUITE 3300					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)					
	ORTH T	rv	76102											X	Form f	iled by One	Repo	orting Perso	on
FORT W	OKIH	ı A	/0102													iled by Mor	e thar	one Repo	orting
-															Persor	1			
(City)	(State)	(Zip)																
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	of, or B	enefi	cially	/ Owned	d l			
1. Title of S	Security (In	str. 3)		2. Trans	action	ction 2A. Deemed					4. Secur	ities Acqui	ired (A	or	5. Amou	unt of 6. Ov		nership	7. Nature
Date				2011/10	Execution Date,				Transaction Disposed			d Of (D) (Instr. 3, 4 ar		d Securities Beneficially		Form: Direct (D) or Indirect		of Indirect Beneficial Ownership	
(Month/Da						ay/Year) if any (Month/Day/Year			Code (Instr. 5) r) 8)						Owned F	Following (I) (II			nstr. 4)
											1	(A) or Driv			Reported Transact				(Instr. 4)
									Code	V	Amount	(D)	_ P	rice	(Instr. 3				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		•							s, optior						Omneu				
1. Title of	2.	3. Transaction	3A. Deeme	d /	4.		5. Nun	ber	6. Date Ex	6. Date Exercisable and 7. Title		7. Title a	nd	T	B. Price of	9. Number	of 10.	10.	11. Nature
Derivative Security Conversion Date Execution Date, (Month/Day/Year) if any			Date, '	Transa		n of l		Expiration Date Amount of (Month/Day/Year) Securities			Derivative Security (Instr. 5)		derivative Securities Beneficially		Ownership Form: Direct (D)	of Indirect Beneficial			
				Code (8)	ınsır.			(Month/Day/Year) Securities Underlying								Ownership			
Derivative Security					•		Acquired (A) or		Derivative Secu (Instr. 3 and 4)				rity		Owned Following		or Indirect (I) (Instr. 4)		
Jacourny						Disposed						(IIISti. 3 and 4)				Reported		(1) (111511. 4)	
							of (D) (Instr. 3, 4									Transaction(s)			
						and 5)										(11341.4)			
										An		ount							
												l	or Nun	hor					
						 	 	<u>, </u>	Date		xpiration	<u> </u>	of						
					Code	٧	(A)	(D)	Exercisab	le C	ate	Title	Sha	res					
Stock													1						
Option (Right to Purchase)	\$16.49	06/09/2016			A		8,700		(1)	0	6/09/2026	Common Stock	8,7	'00	\$0	8,700		D	

Explanation of Responses:

1. The option vests and becomes exercisable on June 9, 2017, subject to the director's continued service with the issuer.

Remarks:

/s/ Paul Brannelly as Attorney-In-Fact For Eran Naday, Ph.D.

06/13/2016

** 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.