Instruction 1(b).

FORM 4

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	
obligations may continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

Name and Address of Reporting Person* Dreyer Scott					<u>C0</u>	2. Issuer Name and Ticker or Trading Symbol COLLEGIUM PHARMACEUTICAL, INC [COLL]									Check	all app Direc	ship of Reportin applicable) rector ficer (give title		rson(s) to Is 10% Ov Other (s	wner
(Last)	.ast) (First) (Middle) C/O COLLEGIUM PHARMACEUTICAL, INC.					3. Date of Earliest Transaction (Month/Day/Year) 02/26/2024									X Office (give title below) EVP & Chief Commercial Officer					
100 TECHNOLOGY CENTER DRIVE				4. li	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						
(Street) STOUGI	HTON M	IA 0	207	2													filed by Moi		an One Repo	- 1
(City)	(S	tate) (2	Zip)		 _	_		, ,			action				contr	act insti	uction or writ	ten nl	an that is inte	nded to
					X	satisfy t	the aff	irmative	e defe	nse co	nditions of	Rule	10b5-1(c). See Inst	ructio	n 10.	detion or with	ich pi	an that is into	naca to
		Table	I - I	Non-Deriva	tive	Secur	rities	s Ac	quire	ed, D	ispose	d of	f, or E	Benefici	ially	Own	ed			
Date			2. Transaction Date (Month/Day/Ye	Execution Da			Date, Tr		ction Instr.	4. Securities Ad Disposed Of (D				5) Secur Benef		cially d Following	For (D) (m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								c	ode	v	Amount		(A) or (D)	Price		Transa	action(s) 3 and 4)	(,	()
Common	Common Stock 02/26			02/26/202	4				S ⁽¹⁾		9,336		D	\$36.375	54 ⁽²⁾	139,582			D	
Common	Stock			02/26/2024			D													
		Tal	ble	II - Derivati (e.g., ρι						,	•	,			•	Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed cution Date, ry nth/Day/Year)		ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration D (Month/Day/		Date		le and unt of rities rlying ative rity (Instr. 4)	Der Sec	rice of vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	e V	(A)	(D)	Date Exe	e rcisab	Expirate Date	ation	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on August 9, 2023.
- 2. The price reported in column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$35.96 to \$36.95, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the U.S. Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (2) and (3) to this Form 4.
- 3. The price reported in column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$37.01 to \$37.50, inclusive.

/s/ Shirley R. Kuhlmann as

Attorney-In-Fact For Scott 02/28/2024

Dreyer

** 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.