FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasimigton,	D.O.	20040	

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPR	OVAL
OMB Number:	3235-0287
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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

1. Name and Address of Reporting Person* Smith Thomas B					2. Issuer Name and Ticker or Trading Symbol COLLEGIUM PHARMACEUTICAL, INC [ COLL ]								tionship of Reporting all applicable) Director Officer (give title		10% (				
(Last)	(Fii	rst) (N PHARMACEUT	Middle) ΓΙCAL	, INC.	3. Date of Earliest Transaction (Month/Day/Year) 02/29/2024									below EVP	low) YP and Chief I		below) dical Offic	er	
100 TECHNOLOGY CENTER DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) STOUGI	HTON M.	A 0:	2072											X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					- 1
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secur	rities	Acq	uired	, Dis	posed of	, or B	enefici	ally (	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)			Execution Date,		ate,			s Acquired (A) of (D) (Instr. 3, 4		4 and Se Be Ow		. Amount of ecurities eneficially wned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	(A) or (D)	Price	- 11	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	nmon Stock 02/29/20				024		S		995	D	\$36.7	764 6		63,409		D			
		Tak	ole II -								osed of, convertib				wned	t			
1. Title of Derivative Security (Instr. 3)	or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) 8)		Transa Code (		5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instrand 5	rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nt er		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

**Explanation of Responses:** 

/s/ Colleen Tupper as

Attorney-In-Fact For Thomas 03/04/2024

B. Smith, MD

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.