FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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| STATEMENT | ΩF | CHANGES | IN BENEFI | CIAI | OWNERS | HIP |
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| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | | | | | | | | | |

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* Kuhlmann Shirley R. | | | | | 2. Issuer Name and Ticker or Trading Symbol COLLEGIUM PHARMACEUTICAL, INC [COLL] | | | | | | | | | k all app Direc Office | tor er (give title | ng Per | 10% Ov | wner | |
|--|--|-------|------------------------------|-----------------|--|--|---------|--|---------------------|---|--------------------|-------------------|----------------|--|---|---|---------------------------------------|-------------------|-----------|
| (Last) (First) (Middle) C/O COLLEGIUM PHARMACEUTICAL, INC. 100 TECHNOLOGY CENTER DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2022 | | | | | | | | | Α | below EV |) ⁷ P and Ge | neral | below) Counsel | |
| (Street) STOUGI | HTON M | | 2072 (ip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | · | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | cially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Execution Date, | | | | s Acquired (A) or f (D) (Instr. 3, 4 ar | | | | | Form (D) or | n: Direct r Indirect sstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pri | | e | Transaction(s) (Instr. 3 and 4) | | | | (11341.4) |
| Common | Stock | | | 03/16/2 | 2022 | | | | F | | 734(1) | D \$ | | 8.99 | .99 148,384 | | | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | | | | Expirat | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | nt | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V (A | | (A) | (D) | Date Exercisable | | Expiration Date | n Title Sha | | | | | | | |

Explanation of Responses:

1. Shares withheld by the Issuer to satisfy applicable withholding taxes upon vesting of restricted stock units.

/s/ Shirley R. Kuhlmann 03/18/2022

** 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.