FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

	Check this box if no longer subjec
٦	to Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Fallon John A.						2. Issuer Name and Ticker or Trading Symbol COLLEGIUM PHARMACEUTICAL, INC [COLL]									k all app Direc	onship of Reporti all applicable) Director		erson(s) to Is 10% Ov Other (s	wner
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023											Officer (give title below)		below)	Бреспу				
100 TECHNOLOGY CENTER DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) STOUGHTON MA 02072														Х	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)		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	ecur	ities	Acq	uired,	Disp	osed of	, or I	Benef	iciall	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution [Oate,	Code (Instr.		4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)					ties cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)		rice	Report Transa		ľ		
Common	2023			A		9,792 ⁽¹⁾		A	\$ <mark>0</mark>	47,150			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	4. Transac Code (li 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		8. Price Derivation Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	Own Forn Dired or In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)			Expiration Date	Title	Amour or Number of Shares	er					

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. The restricted stock units vest on May 18, 2024, subject to the director's continued service with the issuer. The restricted stock units will be settled on such date, or, upon the election of the director, on the earlier of the end of the director's service on the Board of Directors, the director's death or disability, or a change in control of the issuer, in shares of the issuer's common stock.

/s/ Shirley R. Kuhlmann as

Attorney-in-Fact for John A. 05/19/2023

Fallon, MD

** Signature of Reporting Person Date

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

- * 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.