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(City)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this hav if no longer subject to |
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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). |

(State)

(Zip)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

| Instruction I(b). | | | Filed pursuant to Section 10(a) of the Securities Exchange Act of 1934 | | | |
|-----------------------|-----------------------------------|-----------|---|-------------------|--|---|
| | | | or Section 30(h) of the Investment Company Act of 1940 | | | |
| | ichael Tho (First) UM PHARM | (Middle) | 2. Issuer Name and Ticker or Trading Symbol <u>COLLEGIUM PHARMACEUTICAL, INC</u> [COLL] 3. Date of Earliest Transaction (Month/Day/Year) 07/19/2019 | | tionship of Reporting Pe c all applicable) Director Officer (give title below) | erson(s) to Issuer 10% Owner Other (specify below) |
| 100 TECHNOL | OGY CENT | TER DRIVE | | | | |
| (Ctroot) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Group Fili | ng (Check Applicable |
| (Street) STOUGHTON | МА | 02072 | | X | Form filed by One Re | porting Person |
| | | 02072 | | | Form filed by More th Person | an One Reporting |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | 3, 4 and | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------|---|---------------------------|----------------------------|----------------|---|---|---|
| | | | Code | v | Amount | Amount (A) or (D) Price | | Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 07/19/2019 | | F | | 667 ⁽¹⁾ | D | \$10.35 | 131,402 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | * | 3 | 3 | | | | | | | 3 | | | 3 | | |
|---|---|--|---|------------------------------|---|---|-----|---|---|---|--|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(S) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

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

Remarks:

/s/ Paul Brannelly as Attorney-In-Fact For Michael T.

07/23/2019

Heffernan ** 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.