FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |  |
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| Washington, D.C. 20049                       | OMB APPI    | ROVAL |
|--|-------------|-------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235- |

| ı | OMB Number:           | 3235-0287 |  |  |  |  |  |
|---|-----------------------|-----------|--|--|--|--|--|
| ı | Estimated average but | urden     |  |  |  |  |  |
|   | hours per response:   | 0.5       |  |  |  |  |  |

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

| Name and Address of Reporting Person*     Dreyer Scott                                 |  |       |              |          |  | 2. Issuer Name and Ticker or Trading Symbol COLLEGIUM PHARMACEUTICAL, INC [ COLL ] |                                     |                  |                     |   |                                       |                 |   | (Chec  | 5. Relationship of Reporting Person(s) to Issu (Check all applicable)  Director 10% Owner  X Officer (give title Other (spe |                       |   |   | wner       |  |
|--|--|-------|--------------|----------|--|--|-------------------------------------|------------------|---------------------|---|---------------------------------------|-----------------|---|--|---|-----------------------|---|---|------------|--|
| (Last) (First) (Middle) C/O COLLEGIUM PHARMACEUTICAL, INC. 100 TECHNOLOGY CENTER DRIVE |  |       |              |          |  | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2021                        |                                     |                  |                     |   |                                       |                 |   |  | EVP & Chief Commercial Officer  |                       |   |   |            |  |
| (Street) STOUGI  | HTON M   |       | 2072<br>Zip) |          | 4. If <i>I</i>   | If Amendment, Date of Original Filed (Month/Day/Year)                              |                                     |                  |                     |   |                                       |                 |   | 6. Indi  | -/  |                       |   |   |            |  |
|  |  | Table | I - No       | n-Deriva | tive S   | Secu   | rities                              | Acq              | uired,              | Dis   | posed of                              | , or B          | enef                                      | ficially   | y Own   | ed                    |   |   |            |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day                          |  |       |              |          |  | Execution Date,  |                                     |                  |                     |   | s Acquired (A)<br>of (D) (Instr. 3, 4 |                 |   | 5. Amo<br>Securit<br>Benefic<br>Owned<br>Report  | ies<br>cially<br>Following  | Form                  | : Direct<br>Indirect<br>str. 4)         | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |            |  |
|  |  |       |              |          |  |  |                                     |                  | Code                | v   | Amount                                | (A) (D)         | Pr  | rice   | Transa  | action(s)<br>3 and 4) |   |   | (Instr. 4) |  |
| Common Stock 01/15/2   |  |       |              |          | 2021   |  |                                     | S <sup>(1)</sup> |                     | 1,322   | D                                     | \$              | 22.89                                     | 44,395   |   |                       | D                                       |   |            |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |       |              |          |  |  |                                     |                  |                     |   |                                       |                 |   |  |   |                       |   |   |            |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                    | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any   |       |              |          | saction e (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  | Expiration Date<br>(Month/Day/Year) |                  |                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |                                       | De<br>Se<br>(In | Price of<br>rivative<br>curity<br>str. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | Ownersh<br>Form:<br>Direct (D<br>or Indirec<br>(I) (Instr.  | Ownership             | Beneficial<br>Ownership<br>t (Instr. 4) |   |            |  |
|  |  |       |              |          | Code V   |  | (A)                                 | (D)              | Date<br>Exercisable |   | Expiration<br>Date                    | Title           | Numb<br>of<br>Share                       |  |   |                       |   |   |            |  |

## **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 19, 2020 and amended on December 7, 2020.

## Remarks:

/s/ Paul Brannelly as Attorney- 01/20/2021 In-Fact For Scott Dreyer

\*\* 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.