FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | ٤ |
|--|---|
| Section 16. Form 4 or Form 5           |   |
| obligations may continue. See          |   |
| Instruction 1(b).                      |   |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*     CARROLL J MARTIN   |        |            |   | <u>IN</u>       | 2. Issuer Name and Ticker or Trading Symbol INOTEK PHARMACEUTICALS CORP |   |      |  |                     |                         |   |  | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |  |                                   |  |  |  |
|--|--------|------------|---|-----------------|---|---|------|--|---------------------|-------------------------|---|--|---|--|-----------------------------------|--|--|--|
| (Last) (First) (Middle)  |        |            |   |                 | ITEK ]  |   |      |  |                     |                         |   |  | Officer (give title below)  |  |                                   | Other (specify below)  |  |  |
| C/O INOTEK PHARMACEUTICALS CORPORATION   |        |            |   |                 | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2016             |   |      |  |                     |                         |   |  |   |  |                                   |  |  |  |
| 91 HARTWELL AVENUE   |        |            |   | 4.              | 4. If Amendment, Date of Original Filed (Month/Day/Year)                |   |      |  |                     |                         |   |  | 6. Individual or Joint/Group Filing (Check Applicable Line)                                   |  |                                   |  |  |  |
| (Street)   |        |            |   |                 |   |   |      |  |                     |                         |   |  | X Form filed by One Reporting Person  |  |                                   |  |  |  |
| LEXINGTON MA 02421   |        |            |   |                 |   |   |      |  |                     |                         |   | Form filed by More than One Reporting Person |   |  |                                   |  |  |  |
| (City)   | (S     | tate)      | (Zip)   |                 |   |   |      |  |                     |                         |   |  |   |  |                                   |  |  |  |
|  |        | Tab        | le I - Non-E  | Derivativ       | e Se  | curities  | s Ac | quired, [  | Dis                 | osed o                  | f, or Be  | neficia                                      | lly Owned   | l  |                                   |  |  |  |
| Date   |        |            | . Transactior<br>ate<br>Month/Day/Y                     | Execution Date, |   | 3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) |      |  | Benefici<br>Owned F | es<br>ally<br>Following | 6. Owner:<br>Form: Dir<br>(D) or Ind<br>(I) (Instr.   | rect c<br>lirect E<br>4) (                   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership   |  |                                   |  |  |  |
|  |        |            |   |                 |   |   | Code | v  | Amount              | t (A) or (D)            |   | Reported<br>Transact<br>(Instr. 3            | tion(s)   |  | (                                 | Instr. 4)  |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |        |            |   |                 |   |   |      |  |                     |                         |   |  |   |  |                                   |  |  |  |
| Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any  |        |            | 3A. Deemed<br>Execution Date<br>if any<br>(Month/Day/Ye | Code (Instr.    |   | of  |      | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                     |                         | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ow<br>For<br>Dir<br>or I<br>(I) ( | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |        |            |   | Code            | v   | (A)   | (D)  | Date<br>Exercisable  | e E                 | expiration<br>Date      | Title   | Amount<br>or<br>Number<br>of<br>Shares       |   |  |                                   |  |  |  |
| Stock<br>Options<br>(Right to<br>Buy)  | \$7.63 | 04/01/2016 |   | A               |   | 24,000  |      | (1)  | 0                   | 3/31/2026               | Common<br>Stock   | 24,000                                       | \$0.00  | 24,000   |                                   | D  |  |  |

## **Explanation of Responses:**

1. This stock option award was issued pursuant to Issuer's 2014 Stock Option and Incentive Plan and shall vest as follows: 25% of the shares shall be vested on April 1, 2017 and 1/36th of the remaining shares shall vest on each monthly anniversary thereafter, subject to Reporting Person's continued service as a director of the Issuer.

## Remarks:

/s/ Dale Ritter, Attorney-in-Fact 04/04/2016 for J. Martin Carroll

\*\* 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.