

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
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

1. Name and Address of Reporting Person* <u>CARE CAPITAL II LLC</u>  (Last) (First) (Middle) 47 HULFISH STREET SUITE 310  (Street) PRINCETON NJ 08542  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 02/17/2015	3. Issuer Name and Ticker or Trading Symbol <u>INOTEK PHARMACEUTICALS CORP [ ITEK ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 02/17/2015  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date					Title
Stock Options (right to buy)	(1)	08/28/2024 <sup>(2)</sup>	Common Stock	9,857	4.342	I	See Footnote <sup>(3)</sup>

1. Name and Address of Reporting Person* <u>CARE CAPITAL II LLC</u>  (Last) (First) (Middle) 47 HULFISH STREET SUITE 310  (Street) PRINCETON NJ 08542  (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>CARE CAPITAL INVESTMENTS II LP</u>  (Last) (First) (Middle) 47 HULFISH STREET SUITE 310  (Street) PRINCETON NJ 08542  (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Care Capital Offshore Investments II LP</u>  (Last) (First) (Middle) 47 HULFISH STREET SUITE 310  (Street) PRINCETON NJ 08542  (City) (State) (Zip)
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(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<a href="#">Care Capital III LLC</a>		
(Last)	(First)	(Middle)
47 HULFISH STREET		
SUITE 310		
(Street)		
PRINCETON	NJ	08542
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<a href="#">Care Capital Investments III L.P.</a>		
(Last)	(First)	(Middle)
47 HULFISH STREET		
SUITE 310		
(Street)		
PRINCETON	NJ	08542
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<a href="#">Care Capital Offshore Investments III LP</a>		
(Last)	(First)	(Middle)
47 HULFISH STREET		
SUITE 310		
(Street)		
PRINCETON	NJ	08542
(City)	(State)	(Zip)

**Explanation of Responses:**

1. These options are fully vested.
2. The expiration date for the options was incorrectly reported on the reporting persons' original Form 3. The reporting persons have not repeated any other lines from the original Form 3 pursuant to General Instruction 8(b) of Form 3.
3. This option was granted to Dr. Argeris Karabelas, a member of Care Capital II, LLC and Care Capital III, LLC (together, the "General Partners"). Under the partnership agreements for each of General Partners, Dr. Karabelas is deemed to hold the option for the benefit of the General Partners and may exercise the option solely upon the direction of the General Partners, which are entitled to the shares issued upon the exercise. The General Partners, Care Capital Investments II, LP, Care Capital Offshore Investments II, LP, Care Capital Investments III, LP and Care Capital Offshore Investments III, LP may be deemed indirect beneficial owners of the option. The reporting persons disclaim beneficial ownership of the option except to the extent of their pecuniary interest therein.

**Remarks:**

[Care Capital II, LLC /s/ David R. Ramsay](#) 02/19/2015

[Care Capital Investments II L.P., By: Care Capital II, LLC, Its General Partner /s/ David R. Ramsay](#) 02/19/2015

[Care Capital Offshore Investments II LP, By: Care Capital II, LLC, Its General Partner /s/ David R. Ramsay](#) 02/19/2015

[Care Capital III, LLC /s/ David R. Ramsay](#) 02/19/2015

[Care Capital Investments III L.P., By: Care Capital III, LLC, Its General Partner /s/ David R. Ramsay](#) 02/19/2015

[Care Capital Offshore Investments III LP, By: Care Capital III, LLC, Its General Partner /s/ David R. Ramsay](#) 02/19/2015

\*\* 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 5 (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.

