FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
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*     Baumgartner Rudolph				2. Issuer Name and Ticker or Trading Symbol INOTEK PHARMACEUTICALS CORP [ ITEK ]						[ (Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owne  Officer (give title Other (spec				ner		
(Last) (First) (Middle) C/O INOTEK PHARMACEUTICALS CORPORATION				3. Date of Earliest Transaction (Month/Day/Year) 03/22/2016					-   '	X below) See Remarks							
91 HARTWELL AVENUE, 2ND FLOOR			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) LEXING	TON M	IA .	02421									- 1	Form fil	ed by More		rting Person One Report	- 1
(City)	(9	State)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date		. Transactio Date Month/Day/	Execution Date,		Code (Instr.		red (A) or str. 3, 4 and	Beneficia Owned Fo	Forn lly (D) o ollowing (I) (Ir		m: Direct I or Indirect I Instr. 4)	7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) c	Price	Reported Transacti (Instr. 3 a	ion(s)			Instr. 4)		
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)	erivative   Conversion   Date   Execution Date, ecurity   or Exercise   (Month/Day/Year)   if any		Code (	ansaction Derivative Securities		e s I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ties ig e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)		Date Exercisal		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	un(s)		
Stock Options (Right to Buy)	\$7.56	03/22/2016		A		165,000		(1)		03/21/2026	Common Stock	165,000	\$0.00 <sup>(2)</sup>	165,000	) <sup>(2)</sup>	D	

## **Explanation of Responses:**

- 1. The stock option award was issued pursuant to Inotek Pharmaceuticals Corporation's 2014 Stock Option and Incentive Plan (the "Plan"). 25% of the options granted shall vest on the one year anniversary of January 1, 2016 and 1/36th of the remaining option grant shall vest on each monthly anniversary thereafter, subject to continued service through such dates.
- 2. As previously reported on June 26, 2015, the Reporting Person was granted a stock option award under the Plan. The total beneficially owned derivative securities following the grant inadvertently included securities of a separate class, and accordingly such previously inadvertently reported shares are now properly excluded. In addition, the Price of Derivative Security reported on the June 26, 2015 Form 4 was inadvertently reported as \$5.03 when it should have properly been recorded as \$0.

## Remarks:

Executive Vice President, Chief Medical Officer

/s/ Dale Ritter, Attorney-in-Fact 03/24/2016 for Rudolph Baumgartner

\*\* 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.