FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL						
	OMB Number:	3235-0287						
l	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

						()				1 7		1				
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Spivey Richard N.</u>					INOTEK PHARMACEUTICALS CORP [1 10	X Director		10% O	_{wner}
					ITEK]									(give title	Other (
(Last)	(F	irst)	(Middle)										below)		below)	
C/O INC	TEK PHA	RMACEUTICA	LS		3. Date of Earliest Transaction (Month/Day/Year)											
CORPORATION,					06/20/2017											
91 HARTWELL AVENUE				<u> </u>								C. Individual on Iniut/Output Filips (Obsel A. F. J.)				
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)													X Form f	iled by One F	Reporting Perso	n
LEXING	TON M	IΑ	02421												than One Repo	rting
													Persor	1		
(City)	(S	tate)	(Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Transaction							5. Amou		6. Ownership	7. Nature		
					ay/Year) Execution Date,			t, Transaction Disposed Of (D) (Instr. 3, 4)		str. 3, 4 an	Securitie Benefici	ally (D) o ollowing (I) (Ir	orm: Direct D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)		
				-	(Month/Day/Year						Owned F Reported		I) (Instr. 4)			
							Code	V	Amount	nt (A) or P		Transact (Instr. 3	tion(s)		(
Table II. Davisset						ve Securities Acquired Disposed of or Benefic						oficially	Owned			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numl	oer	6. Date Exe	rcisa	able and	7. Title an	d Amount	8. Price of	9. Number o	of 10.	11. Nature
Derivative Security	Derivative Conversion Date Execution Date, Tr Security or Exercise (Month/Day/Year) if any Co			ransaction of Derivative Securities Acquired Expiration Date (Month/Day/Year) Underlying Derivative Sec (Instr. 3 and 4)						Derivative Security	derivative Securities	Ownership Form:	of Indirect Beneficial			
(Instr. 3)									Security	(Instr. 5)	Beneficially Owned		Ownership			
	Security				(A) or		- 1	(instr. 3 and 4)			nu 4)		Following	(I) (Instr. 4)	(Instr. 4)	
					Disposed of (D) (Instr.							Reported Transaction	ı(s)			
					3, 4 and 5)						_	(Instr. 4)				
												Amount				
								Data	_	· minatian		Number				
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Shares				
Stock							\Box									
Options (Right to	\$1.8	06/20/2017		A		45,000		(1)	0	6/19/2027	Common Stock	45,000	\$0.00	45,000	D	
Buy)																

Explanation of Responses:

1. This stock option award was issued pursuant to Inotek Pharmaceuticals Corporation's 2014 Stock Option and Incentive Plan. The option shall vest in equal quarterly installments at the end of each quarter following June 20, 2017, subject to continued service through such dates.

Remarks:

/s/ Dale Ritter, Attorney-in-Fact 06/21/2017 for Richard N. Spivey

** 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.