

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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. 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. Issuer Name and Ticker or Trading Symbol <u>INOTEK PHARMACEUTICALS CORP [ ITEK ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 06/24/2015	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

**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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Stock Options (Right to Buy)	\$5.03	06/24/2015		A		12,000		(1)	06/23/2025	Common Stock	12,000	\$5.03	21,857	I	See Footnote <sup>(2)</sup>

1. Name and Address of Reporting Person\*  
CARE CAPITAL II LLC  
 (Last) (First) (Middle)  
 47 HULFISH STREET  
 SUITE 310  
 (Street)  
 PRINCETON NJ 08542  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
CARE CAPITAL INVESTMENTS II LP  
 (Last) (First) (Middle)  
 47 HULFISH STREET  
 SUITE 310  
 (Street)  
 PRINCETON NJ 08542  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Care Capital Offshore Investments II LP  
 (Last) (First) (Middle)  
 47 HULFISH STREET

SUITE 310

(Street)  
PRINCETON NJ 08542

(City) (State) (Zip)

1. Name and Address of Reporting Person \*

Care Capital III LLC

(Last) (First) (Middle)  
47 HULFISH STREET  
SUITE 310

(Street)  
PRINCETON NJ 08542

(City) (State) (Zip)

1. Name and Address of Reporting Person \*

Care Capital Investments III L.P.

(Last) (First) (Middle)  
47 HULFISH STREET  
SUITE 310

(Street)  
PRINCETON NJ 08542

(City) (State) (Zip)

1. Name and Address of Reporting Person \*

Care Capital Offshore Investments III LP

(Last) (First) (Middle)  
47 HULFISH STREET  
SUITE 310

(Street)  
PRINCETON NJ 08542

(City) (State) (Zip)

**Explanation of Responses:**

1. The stock option award was issued pursuant to Inotek Pharmaceuticals Corporation's 2014 Stock Option and Incentive Plan. The option grant shall vest in equal quarterly installments at the end of each quarter following June 24, 2015, subject to continued service through such dates.
2. Argeris N. Karabelas is a member of Care Capital II, LLC and Care Capital III, LLC (the "General Partners"). Under the partnership agreements for each of General Partners, Argeris N. Karabelas is deemed to hold the reported option for the benefit of the General Partners, and must exercise the option solely upon the direction of the General Partners, which are entitled to the shares issued upon exercise. The General Partners may be deemed the indirect beneficial owner of the option, and Argeris N. Karabelas may be deemed the indirect beneficial owner of the option through his indirect interest in the General Partners. Argeris N. Karabelas disclaims beneficial ownership of the option except to the extent of his pecuniary interest therein.

**Remarks:**

Exhibit List

Care Capital II, LLC /s/ David R. Ramsay 06/26/2015

Care Capital Investments II L.P., By: Care Capital II, LLC, Its General Partner /s/ David R. Ramsay 06/26/2015

Care Capital Offshore Investments II LP, By: Care Capital II, LLC, Its General Partner /s/ David R. Ramsay 06/26/2015

Care Capital III, LLC /s/ David R. Ramsay 06/26/2015

Care Capital Investments III L.P., By: Care Capital III, LLC, Its General Partner /s/ David R. Ramsay 06/26/2015

Care Capital Offshore Investments III LP, By: Care Capital III, LLC, Its General Partner /s/ David R. Ramsay 06/26/2015

\*\* 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 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.**