## FORM 4

## **UNITED STATES SEC**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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

Check this box to indicate that a
transaction was made pursuant to a
contract, instruction or written plan for
the purchase or sale of equity
securities of the issuer that is intended
to satisfy the affirmative defense
conditions of Rule 10b5-1(c). See
Instruction 10

Instructio	on io.																			
1. Name and Address of Reporting Person* <u>Upadhyay Arun</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Ocugen, Inc. OCGN								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
									-						Director			10% Ov		
					·									1	Officer ( below)	give title		Other (s below)	pecify	
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								See Remarks					
C/O OCUGEN, INC.						01/02/2025										Sec IX	Ciliai	K3		
11 GREAT VALLEY PARKWAY																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)							,		. 3			,,		Line)			3	(		
MALVER	N PA	Λ.	19355											V	Form fil	ed by One	Repo	rting Persor	١	
IVII IL V LIV		•	17555													ed by Mor	e than	One Repor	ting	
, O			/=· \												Person					
(City)	(S	tate)	(Zip)																	
		Та	ble I - Nor	n-Deriv	vativ	ve S	ecuritie	s Acc	uired,	Dis	posed c	of, or B	enefic	cially	Owned					
1. Title of Se	ecurity (Inst	r. 3)		2. Trans	action				3. 4. Securities Acquired (A) of						6. Ownership		7. Nature of			
				Date (Month/I	ate //onth/Day/Year)		Execution Date, if any		Transaction I		Disposed Of (D) (Instr. 3, 4		and 5) Securities Beneficia					Indirect Beneficial		
				, , , ,			(Month/Day/Year)						Owned F			(l) (ln	) (Instr. 4)	Ownership (Instr. 4)		
									Code	v	Amount	(A)	or <sub>Pri</sub>	ce	Transacti	ion(s)			(111341. 4)	
						Jour	Ľ	Amount	(D)			(Instr. 3 a	ind 4)							
Common Stock 01/03					3/2025				F		41,633 D		\$(	).8945	5 306,197			D		
			Table II -												wned					
				(e.g., p	outs	, cal	ls, warr	ants,	optio	ns, c	converti	ble sec	uritie	s)						
	2.	3. Transaction	3A. Deemed				n Derivative E				able and	le and 7. Title and Amo		unt	8. Price of	9. Number of		10.	11. Nature	
	Conversion or Exercise	Date (Month/Dav/Year)	Execution Da		ransa ode (l				Expiration Month/D				Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	tr. 3) Price of \ (Month/I				) )		Acquired (A)		Derivative Secu							Beneficially		Direct (D)	Ownership	
	Derivative Security						or Disposed of (D) (Instr.		(Instr. 3 and 4)							Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
							3, 4 and	, 4 and 5)								Reported Transacti	ĭ			
				Г									Amo	unt		(Instr. 4)	U11(3)			
								,	Date		Expiration	l	or Num	ber						
				c	ode	v	(A)	(D) I	Exercisal		Date	Title	of Sh	nares						
Option											•	Commo		004						
(Right to Buy)	\$0.9	01/02/2025			A		730,994		(1)		01/02/2035	Stock	730	,994	\$0	730,99	94	D		
Explanation																				

1. The option vests annually in equal installments over three years commencing on January 2, 2026, subject to continued service with the Issuer on the applicable vesting dates.

Chief Scientific Officer, Head of Research, Development and Medical

/s/ Arun Upadhyay by Shankar Musunuri, his attorney-in-fact

01/06/2025

\*\* Signature of Reporting Person

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.