FORM 4

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

Washington,	D.C.	20549	
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	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
- 1	hours nor 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*  Kumar Damesh				2. Issuer Name and Ticker or Trading Symbol Ocugen, Inc. [ OCGN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Kumar Ramesh												:	X Directo	r		10% Ow	ner	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/09/2023								Officer below)	(give title		Other (s below)	pecify	
C/O OCUGEN, INC.				1 If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
11 GREAT VALLEY PARKWAY				7."	4. II Alliendinent, Date of Original Filed (World/Ddy/Teal)							Line						
				-										orm filed by More than One Reporting				
(Street)  MALVE	RN PA	۸	19355											Person		C tricti	TOTIC TROPOL	9
WIALVE	KIN P	A 19355				Dulo 10hE 1(a) Transaction Indication												
(City)	(9	tate)	(7in)		_   '``	Rule 10b5-1(c) Transaction Indication												
(City) (State) (Zip)				ΙП	Check this box to indicate that a transaction was made pursuant to a													
	satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			saction	ction 2A. Deemed 3. 4. Securities Acquired Execution Date, Transaction Disposed Of (D) (Instr.					5. Amou				7. Nature of Indirect					
			n/Day/Ye	ar)	if any (Month/Day/Ye		Code (Instr.				1511. 0, 4 0110	Beneficia	neficially		(D) or Indirect   I	Beneficial Ownership		
					(Monumbay) rea		ıyı ı ca	u)   0)	<del>'                                    </del>		nt (A) or D		Reported	d			(Instr. 4)	
							Code	٧	Amount	t (A)	Price		Transaction(s) (Instr. 3 and 4)					
			Table II -	Deriva	ative S	Sec	urities	Acq	uired, Di	spo	sed of	, or Ber	eficially	Owned				
									s, options									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Date,	4. Transac Code (In 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e (C s I ally I g (C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		piration ite	Title	Amount or Number of Shares		(Instr. 4)			
Option (Right to Buy)	\$0.4581	06/09/2023			A		112,205		(1)	06	/09/2033	Common Stock	112,205	\$0	112,20	)5	D	

## **Explanation of Responses:**

1. The option vests upon the earlier of (a) June 9, 2024 or (b) Ocugen, Inc.'s next annual meeting of stockholders, subject to the Reporting Person's continued service through the applicable vesting date.

/s/ Ramesh Kumar by Shankar Musunuri, his attorney-in-fact

06/09/2023

\*\* 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.