FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF | CHANGES | IN RI | ENFFIC. | ΙΔΙ | OWNERSHII | P |
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| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| 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. Name and Address of Reporting Person* Musunuri Shankar | | | | | 2. Issuer Name and Ticker or Trading Symbol Ocugen, Inc. [OCGN] | | | | | | | 5. Relationship o (Check all applica X Director | | able) | g Perso | on(s) to Issu 10% Ow | | | |
|--|--|--|--|---|--|---|------------|---|--|---|--------------------|---|--|---|---|--|------------|---|---------------------------------------|
| (Last) | (F JGEN, INC | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024 | | | | | | X | below) | give title ief Exec | utive | Other (s below) Officer | pecify | | |
| 11 GREAT VALLEY PARKWAY | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | ine) | Individual or Joint/Group Filing (Check Applicable ne) | | | | licable | | | |
| (Street) MALVE | RN PA | A | 19355 | | | | | | | | | | | X | | , | | rting Person One Report | |
| (City) | (S | tate) | (Zip) | | R | ule | 10b5-1 | 1(c) | Trans | acti | on Ind | icatior | 1 | | | | | | |
| | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | satisfy | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | action 2A. Deemed Execution Date, if any (Month/Day/Yea | | Transaction Dispose Code (Instr. | | ities Acquired (A) or id Of (D) (Instr. 3, 4 a | | nd 5) Securities Beneficia Owned Fo | | s Form Illy (D) or ollowing (I) (In | | : Direct I r Indirect I str. 4) (| '. Nature of ndirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or Pric | е | Reported Transaction(s) (Instr. 3 and 4) | | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Yea | Code (Instr. | | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | |) | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction | s sully | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | | | Date Exercisat | | Expiration Date | | | | | (Instr. 4) | | | |
| Option (Right to Buy) | \$0.6576 | 01/02/2024 | | | A | | 492,126 | | (1) | (| 01/02/2034 | Commor Stock | 492,1 | 26 | \$0 | 492,12 | 26 | D | |

Explanation of Responses:

1. The option vests annually in equal installments over three years commencing on January 2, 2025, subject to continued service with the Issuer on the applicable vesting dates.

01/04/2024 /s/ Shankar Musunuri

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).