

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

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>Skyline Venture Partners V LP</u> <hr/> (Last) (First) (Middle) 525 UNIVERSITY AVENUE, SUITE 610 <hr/> (Street) PALO ALTO CA 94301 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/06/2015	3. Issuer Name and Ticker or Trading Symbol <u>COLLEGIUM PHARMACEUTICAL, INC [COLL]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 05/11/2015
6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person			

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
---------------------------------	---	--	---

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Series B Convertible Preferred Stock	(I)	(I)	Common Stock	1,552,795	(I)	I	see footnote ⁽²⁾
Series C Convertible Preferred Stock	(I)	(I)	Common Stock	382,323	(I)	I	see footnote ⁽²⁾
Series D Convertible Preferred Stock	(I)	(I)	Common Stock	852,423	(I)	I	see footnote ⁽²⁾

1. Name and Address of Reporting Person* <u>Skyline Venture Partners V LP</u> <hr/> (Last) (First) (Middle) 525 UNIVERSITY AVENUE, SUITE 610 <hr/> (Street) PALO ALTO CA 94301 <hr/> (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>Skyline Venture Management V, LLC</u> <hr/> (Last) (First) (Middle) 525 UNIVERSITY AVENUE, SUITE 610 <hr/> (Street) PALO ALTO CA 94301 <hr/> (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>KANEKO YASUNORI</u> <hr/> (Last) (First) (Middle) 525 UNIVERSITY AVENUE, SUITE 610 <hr/> (Street) PALO ALTO CA 94301 <hr/> (City) (State) (Zip)

Explanation of Responses:

1. All series of Convertible Preferred Stock will automatically convert into Collegium Pharmaceutical, Inc. common stock on a 1-for-6.9 basis immediately prior to the closing of the initial public offering and have no expiration date.
2. The shares are held by Skyline Venture Partners V, L.P. The general partner of Skyline Venture Partners V, L.P. is Skyline Venture Management V, LLC. John G. Freund and Yasunori Kaneko are managers of Skyline Venture Management V, LLC. These individuals share voting and investment power over the shares held by Skyline Venture Management, LLC and disclaim beneficial ownership of all the shares held by Skyline Venture Partners V, L.P. except to the extent of their proportionate pecuniary interest therein. Dr. Freund is a director of the Issuer and, accordingly, files separate Section 16 reports.

Remarks:

The original filing was submitted using the the wrong CIK for the Issuer.

/s/ Kerensa Kenny, Attorney-
in-Fact 05/12/2015

** 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 5 (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.