FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OWR APPRO	VAL							
OMB Number: 3235-0								
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

Name and Address of Reporting Person* SBLENDORIO GLENN (Fig.) (Fig.) (Hiddle)					Issuer Name and Ticker or Trading Symbol Ophthotech Corp. [OPHT] Date of Earliest Transaction (Month/Day/Year)									k all applica Director		g Perso	on(s) to Issu 10% Ow Other (s below)	ner
(Last) (First) (Middle) C/O OPHTHOTECH CORPORATION					04/01/2016									EVP,	COO &	CFO,	Treasurer	
ONE PE	NN PLAZA	A, 19TH FLOOR	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YORK NY 10119												Line) X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																		
		Та	ble I - Non-D	erivati	ve Se	ecurities	s Ac	quired, D	isp	osed o	f, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		4. Securi Disposed	rities Acquired (A) o ed Of (D) (Instr. 3, 4		4 and 5) Secu Bene Owne		.	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Amount	(A) or (D)		се	Reported Transaction (Instr. 3 au	ion(s)			mou. 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		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (Derivative		6. Date Exercisab Expiration Date (Month/Day/Year)		of Securities		ies g Securi		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v			Date Exercisable	Ex Da	piration ate	Am or Nui Title of S			(Instr		on(s)		
Stock Option (Right To Buy)	\$44.9	04/01/2016		A		150,000		(1)	03	3/31/2026	Common Stock	150,0	000	\$0.00	150,000		D	
Restricted Stock Units	(2)	04/01/2016		A		75,000		(3)	03	31/2026	Common Stock	75,000		\$0.00	75,000		D	

Explanation of Responses:

- 1. This option was granted on April 1, 2016 and will vest over a four-year period, with 25% of the shares underlying the option vesting on April 1, 2017 and the remainder of the shares vesting in equal monthly amounts thereafter until April 2020, subject to continued service with Ophthotech Corporation.
- $2.\ Each\ restricted\ stock\ unit\ represents\ the\ contingent\ right\ to\ receive\ one\ share\ of\ common\ stock\ upon\ vesting\ of\ the\ unit.$
- 3. These restricted stock unit awards were granted on April 1, 2016 and will vest over a four-year period, with 25% of the shares underlying the restricted stock unit awards vesting on each of the first, second, third and fourth anniversaries of the grant date, subject to continued service with Ophthotech Corporation.

/s/ Glenn Sblendorio 04/05/2016

** 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.