FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* HBM Healthcare Investments (Cayman) Ltd.					<u>Op</u>	2. Issuer Name and Ticker or Trading Symbol Ophthotech Corp. [OPHT]									heck al [(II appli Directo	icable) or r (give title			Owner (specify
(Last) (First) (Middle) GOVERNORS SQUARE, SUITE #4-212-2				3. Date of Earliest Transaction (Month/Day/Year) 05/13/2014										•	50.000	,		Below	,	
23 LIME TREE BAY AVE., WEST BAY (Street) GRAND CAYMAN E9 00000				4. If	Amei	ndment,	Date o	f Origina	l Filed	I (Month/Da	ny/Ye	ear)		ne) <mark>X</mark> I	Form	filed by O	ne Re	ing (Check <i>i</i> eporting Per nan One Re	son	
(City)	(St	ate) (Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date					n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				ies Acquired (A) Of (D) (Instr. 3, 4			d 5) So B O	5. Amount of Securities Beneficially Owned Following		Fo (D)	Ownership orm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount		(A) or (D)	Price	Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 05/13/2					2014	2014			S		500,000		D	\$29.75		3,139,902			D	
	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 Executio if any (Month/E		n Date, Transa Code			of		6. Date Exercisa Expiration Date (Month/Day/Yea		е	Am Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		8. Price Derivat Securit (Instr. 5	tive (ve derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nur of	ount nber ıres	per					

Explanation of Responses:

/s/ Jean-Marc Lesieur, Director 05/15/2014

** 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.