

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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* <u>BlueLine Catalyst Fund IX, L.P.</u>  (Last) (First) (Middle) 3480 BUSKIRK AVENUE SUITE 214  (Street) PLEASANT HILL CA 94523  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>IRIDEX CORP [ IRIX ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 11/06/2014	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	10/06/2014		P		2,732	A	\$7.78	2,525,037	D <sup>(1)</sup>	
Common Stock	10/07/2014		P		4,050	A	\$8	2,529,087	D <sup>(1)</sup>	

**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/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person\*  
BlueLine Catalyst Fund IX, L.P.  
 (Last) (First) (Middle)  
 3480 BUSKIRK AVENUE  
 SUITE 214  
 (Street)  
 PLEASANT HILL CA 94523  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
BlueLine Capital Partners, L.P.  
 (Last) (First) (Middle)  
 3480 BUSKIRK AVENUE  
 SUITE 214  
 (Street)  
 PLEASANT HILL CA 94523  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
BlueLine Capital Partners II, L.P.

(Last) (First) (Middle)  
3480 BUSKIRK AVENUE  
SUITE 214  
\_\_\_\_\_  
(Street)  
PLEASANT HILL CA 94523  
\_\_\_\_\_  
(City) (State) (Zip)

1. Name and Address of Reporting Person\*  
[BlueLine Capital Partners III, LP](#)  
\_\_\_\_\_  
(Last) (First) (Middle)  
3480 BUSKIRK AVENUE  
SUITE 214  
\_\_\_\_\_  
(Street)  
PLEASANT HILL CA 94523  
\_\_\_\_\_  
(City) (State) (Zip)

1. Name and Address of Reporting Person\*  
[BlueLine Partners, L.L.C.](#)  
\_\_\_\_\_  
(Last) (First) (Middle)  
3480 BUSKIRK AVENUE  
SUITE 214  
\_\_\_\_\_  
(Street)  
PLEASANT HILL CA 94523  
\_\_\_\_\_  
(City) (State) (Zip)

1. Name and Address of Reporting Person\*  
[BlueLine Partners II, LLC](#)  
\_\_\_\_\_  
(Last) (First) (Middle)  
3480 BUSKIRK AVENUE  
SUITE 214  
\_\_\_\_\_  
(Street)  
PLEASANT HILL CA 94523  
\_\_\_\_\_  
(City) (State) (Zip)

1. Name and Address of Reporting Person\*  
[Meridian OHC Partners, LP](#)  
\_\_\_\_\_  
(Last) (First) (Middle)  
405 WEED STREET  
\_\_\_\_\_  
(Street)  
NEW CANAAN CT 06840  
\_\_\_\_\_  
(City) (State) (Zip)

1. Name and Address of Reporting Person\*  
[TSV Investment Partners, LLC](#)  
\_\_\_\_\_  
(Last) (First) (Middle)  
405 WEED STREET  
\_\_\_\_\_  
(Street)  
NEW CANAAN CT 06840  
\_\_\_\_\_  
(City) (State) (Zip)

**Explanation of Responses:**

1. These securities were acquired by Meridian OHC Partners, L.P. Meridian OHC Partners, L.P. has agreed to be identified as part of a "group" under Section 13(d) of the Securities Exchange Act. The other members of the group include BlueLine Capital Partners, L.P., BlueLine Capital Partners II, L.P., BlueLine Capital Partners III, L.P., BlueLine Catalyst Fund IX, L.P., BlueLine Partners, L.L.C., and BlueLine

Partners II, L.L.C., and TSV Investment Partners, LLC, which is the general partner of Meridian OHC Partners, L.P. Each Reporting Entity may have been deemed to have beneficial ownership of 10% or more of the securities.

**Remarks:**

Scott A. Shuda, by power of attorney for all reporting persons. The filing of this statement shall not be deemed an admission that, for purposes of Section 16 of the Securities Exchange Act of 1934 or otherwise, any Reporting Person is the beneficial owner of any Common Stock covered by this statement.

/s/ Scott A. Shuda

11/07/2014

\*\* 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.**