FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasnington,	D.C.	20049

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSH

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

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Name and Address of Reporting Person* Ciulla Thomas					2. Issuer Name and Ticker or Trading Symbol Clearside Biomedical, Inc. [CLSD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Ciulia Thomas											_	_			Director Officer (10% Ov	· I
// D		F:0	(N. 4 1 1 1 1 1 1 1.			Data	of Earlinet	Tranco	action (Mo	nth/D	lov/Voor)			– X	below)	give title		Other (s below)	specify
(Last)		First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/04/2023							Chief Medical Officer						
C/O CLEARSIDE BIOMEDICAL, INC.																			
900 NORTH POINT PARKWAY, SUITE 200					-	A If Amandanant Data of Original Filed (Manth/Da 24112)							0.1-	6 Individual or Joint/Crown Filing (Check Applicable					
(2)					- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable _ine)					
(Street)	RETTA (3 ∧	30005											Х	Form file	ed by One	Repo	rting Persor	ո
ALPHA	KETIA	JA	30003												Form filed by More than One Reporting				ting
(City)		State)	(7in)												Person				
(City)		State)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of	Security (In	str. 3)			2. Transaction		2A. Deemed		3.		4. Securi								7. Nature of
				Date (Month	h/Day/`	Execution Execut		Execution Date, f any		, Transaction Disposed Code (Instr.		d Of (D) (Instr. 3, 4 a		, 4 and 5	Beneficial	lly (D)		or Indirect	Indirect Beneficial
						(Month/Day/Year		ar) 8)				Owned Fo				Ownership (Instr. 4)			
								Code	V	Amount	(A (D) or)	Price	Transaction (Instr. 3 and	on(s) nd 4)	s) 1)			
Common Stock 06			06/3	30/20	0/2022		A ⁽¹⁾		5,000 A		\$1.25	302,760			D				
Common Stock 12/31			31/20	1/2022		A ⁽¹⁾		5,000 A \$		\$0.95	5 307,760			D					
			Table II -	Deriv	ative	e Sec	urities	Acau	ired. D	ispo	sed of.	or Be	nefic	ially (Owned				
									option										
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) /e	Execution Date	(5. Number of Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)		Date Exercisabl		xpiration ate	Title	or Nu	nount mber Shares	unt (Instr per	(Instr. 4)	ion(s)		
Employee Stock Option (right to	\$1.48	01/04/2023			A		187,500		(2)	0	1/04/2033	Commo		7,500	\$0.00	187,5	00	D	

Explanation of Responses:

- 1. These shares were acquired under the Issuer's Employee Stock Purchase Plan in a transaction that was exempt under both Rule 16b-3(d) and Rule 16b-3(c).
- 2. One-fourth of the shares underlying this option vest on January 4, 2024 and the balance of the shares vest in a series of 36 successive equal monthly installments thereafter, subject to the Reporting Person's continuous service as of each such vesting date.

Remarks:

/s/ Mark Ballantyne, Attorney-01/06/2023 in-Fact

** 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.