FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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l	ONID AFFROVAL							
	OMB Number:	3235-0287						
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	Check this box if no longer subject to							
١	Section 16. Form 4 or Form 5							
)	obligations may continue. See							
	Instruction 1(h)							

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response: 0.5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Sec	tion 30(n)	of the	Investment (	Jompany	y Act	OT 1940						
1. Name and Address of Reporting Person*  Raymond Brion S.					2. Issuer Name and Ticker or Trading Symbol Clearside Biomedical, Inc. [ CLSD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) C/O CLEARSIDE BIOMEDICAL, INC. 900 NORTH POINT PARKWAY, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 02/05/2019								X Officer (give title Other (specify below)  Chief Commercial Officer				
(Street) ALPHARETTA GA 30005  (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	dividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Та	ble I - Non-E	Perivati	ve Se	ecurities	s Ac	quired, D	ispose	ed o	f, or Be	neficially	Owned				
1. Title of Security (Instr. 3)  2. Transc Date (Month/D					2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.			5. Amoun Securities Beneficia Owned Fo	s Form ally (D) o ollowing (I) (Ir	orm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	Amo	ount	(A) o (D)	Price	Transacti (Instr. 3 a	on(s)		,iiisti. 4 <i>j</i>	
			Table II - De (e.					uired, Dis , options					Owned		·		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title an of Securit Underlyin Derivative (Instr. 3 ar	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable	Expirat Date	ition	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	s)		
Employee Stock Option (right to buy)	\$1.24	02/05/2019		A		100,000		(1)	02/05/2	2029	Common Stock	100,000	\$0.00	100,000	D		

## Explanation of Responses:

1. One-fourth of the shares underlying this option vest on February 5, 2020 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/ Brian F. Leaf, Attorney-in-

fact

\*\* Signature of Reporting Person Date

02/07/2019

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.