UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of
The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): June 20, 2018

Clearside Biomedical, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-37783**	**45-2437375**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

900 North Point Parkway, Suite 200
Alpharetta, GA 30005
(Address of principal executive offices, including zip code)

(678) 270-3631
(Registrant's telephone number, including area code)

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

[ ] Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

[ ] Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

[ ] Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

[ ] Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial account standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Item 7.01 Regulation FD Disclosure.

On June 21, 2018, members of management of Clearside Biomedical, Inc. (the "***Company***"), will hold meetings to review, among other things, the Company's product candidate pipeline and recent clinical results. A copy of the presentation that will accompany the meetings is available on the Company's website, and is furnished as Exhibit 99.1 to this Current Report on Form 8-K. The presentation that will be used in the meetings contains new topline clinical data from the Company's TYBEE Phase 2 clinical trial evaluating suprachoroidal CLS-TA used with intravitreally administered EYLEA® (aflibercept) in patients with diabetic macular edema.

The information in this Item 7.01 of this Current Report on Form 8-K (including Exhibit 99.1) is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "***Exchange Act***"), or otherwise subject to the liabilities of that Section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Company Presentation.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

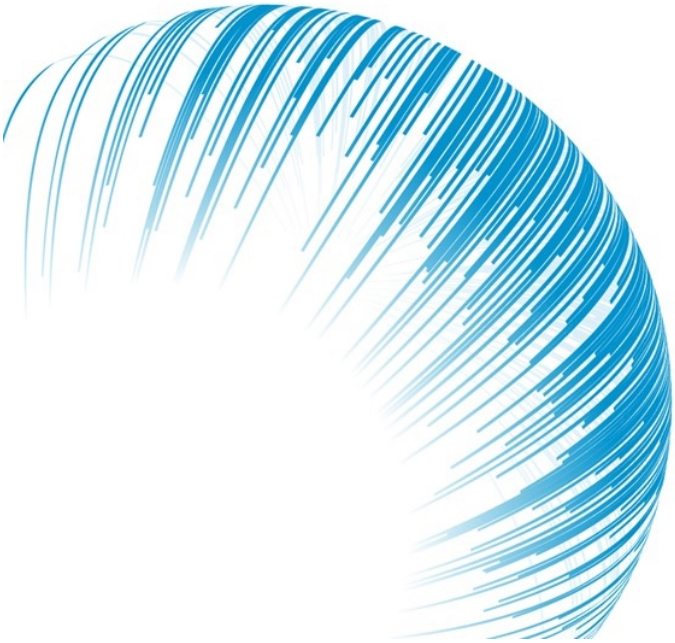
CLEARSIDE BIOMEDICAL, INC.

By:/s/ Charles A. Deignan

Date: June 20, 2018

Charles A. DeignanChief Financial Officer

Exhibit 99.1



CLEARSIDE® BIOMEDICAL

Corporate Presentation | June 2018

Forward-Looking Statements

This presentation contains forward-looking statements as defined in the Private Securities Litigation Reform Act of 1995, as amended. The words "may," "will," "could," "would," "should," "expect," "plan," "anticipate," "intend," "believe," "estimate," "predict," "project," "potential," "continue," "target" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

Clearside Biomedical, Inc.'s views as of the date of this presentation about future events and are subject to risks, uncertainties, assumptions, and changes in circumstances that may cause Clearside's actual results, performance, or achievements to differ significantly from those expressed or implied in any forward looking statement. Although Clearside believes that the expectations reflected in the forward looking statements are reasonable, Clearside cannot guarantee future events, results, performance, or achievements. Some of the key factors that could cause actual results to differ from Clearside's expectations include its plans to develop and potentially commercialize its product candidates; Clearside's planned clinical trials and preclinical studies for its product candidates; the timing of and Clearside's ability to obtain and maintain regulatory approvals for its product candidates; the extent of clinical trials potentially required for Clearside's product candidates; the clinical utility and market acceptance of Clearside's product candidates; Clearside's commercialization, marketing and manufacturing capabilities and strategy; Clearside's intellectual property position; and Clearside's ability to identify additional product candidates with significant commercial potential that are consistent with its commercial objectives. For further information regarding these risks, uncertainties and other factors you should read the "Risk Factors" section of Clearside's Annual Report on Form 10-K for the year ended December 31, 2017, filed with the SEC on March 16, 2018 and Clearside's other Periodic Reports filed with the SEC. Clearside expressly disclaims any obligation to update or revise the information herein, including the forward-looking statements, except as required by law.

This presentation also contains estimates and other statistical data made by independent parties and by Clearside relating to market size and growth and other data about its industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions and estimates of Clearside's future performance and the future performance of the markets in which Clearside operates are necessarily subject to a high degree of uncertainty and risk.

A World Without Blindness

Dedicated to developing treatments that **restore and preserve vision** for people with serious eye disease

Developing advanced clinical and preclinical product candidates, using a proprietary suprachoroidal treatment approach:

- Unmet or underserved blinding eye diseases
- Pathologies manifest in the choroid and retina

CLEARSIDE BIOMEDICAL

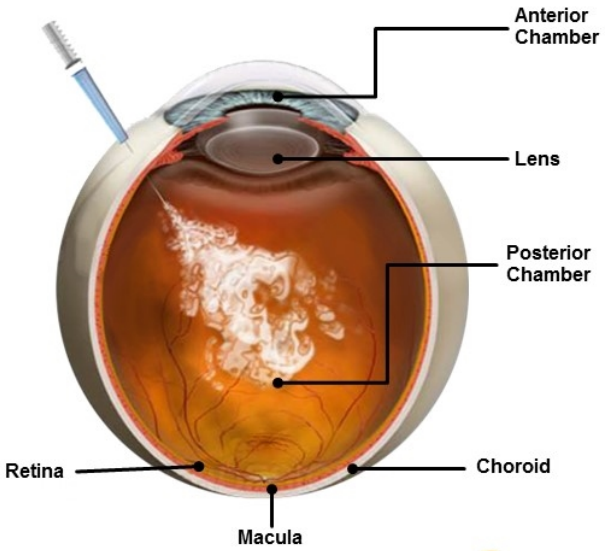
Retinal Diseases

~5 M patients in the U.S. with target indications treated by approx. **1,900 uveitis and retinal specialists**

Privileged Organ Requiring Local Therapy

Limitations of Current Approaches to Local Administration Include:

- Corticosteroids reach unintended tissues, causing cataracts and glaucoma
- Multi-kinase inhibitors and gene therapies require precise placement at diseased tissue
- Certain drugs like complement inhibitors require improved exposure to the choroid

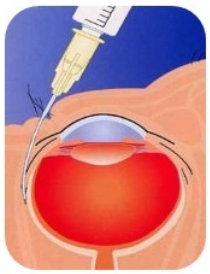


CLEARSIDE BIOMEDICAL

Exclusive and Proprietary Access to the Back of the Eye Through the Suprachoroidal Space ("SCS")

Intravitreal & Periocular

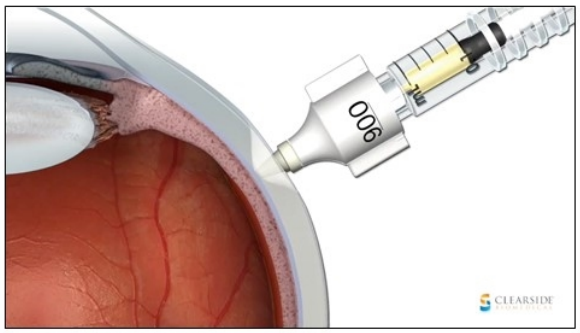
- 50 µL bolus at injection site
- Drug diffuses to all areas of the eye including the anterior chamber and lens



- 0.5 mL–1 mL injected into periocular space
- Highly variable drug diffusion across the sclera into the eye

VS

Suprachoroidal

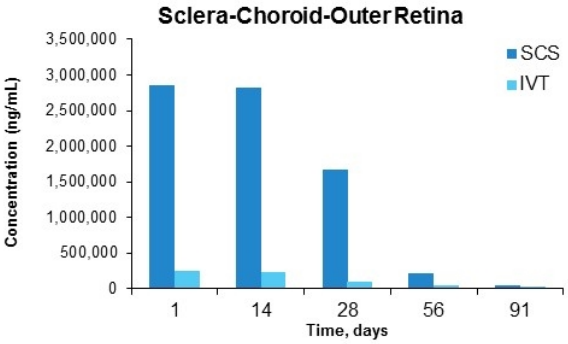


- Fluid flows instantaneously and posteriorly
- Designed consistent suprachoroidal injection procedure
- Fluid with drug is absorbed into the choroid, RPE and retina

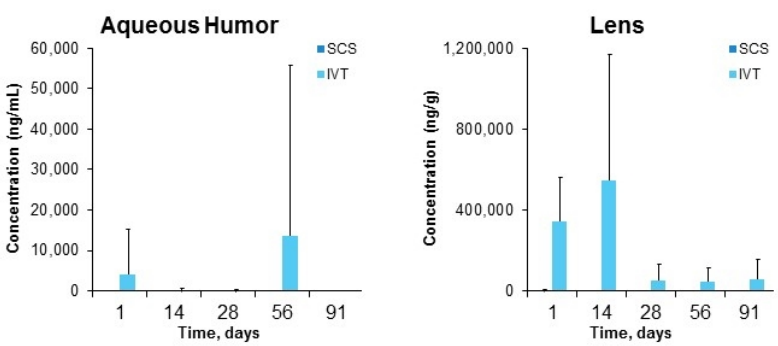
CLEARSIDE BIOMEDICAL

Suprachoroidal CLS-TA

Designed to Improve Ocular Distribution of Triamcinolone Acetonide (TA)



Over 10X the amount of TA remaining in the choroid and RPE following suprachoroidal administration compared to intravitreal injection



The **anterior segment is relatively spared** following suprachoroidal dosing when compared to intravitreal dosing

Potentially providing improved **visual outcomes**, increased **durability**, reduced **treatment burden that can lead to** improved **benefit to risk**

*Based on pre-clinical studies

CLEARSIDE BIOMEDICAL

Focused Pipeline of SCS Treatments

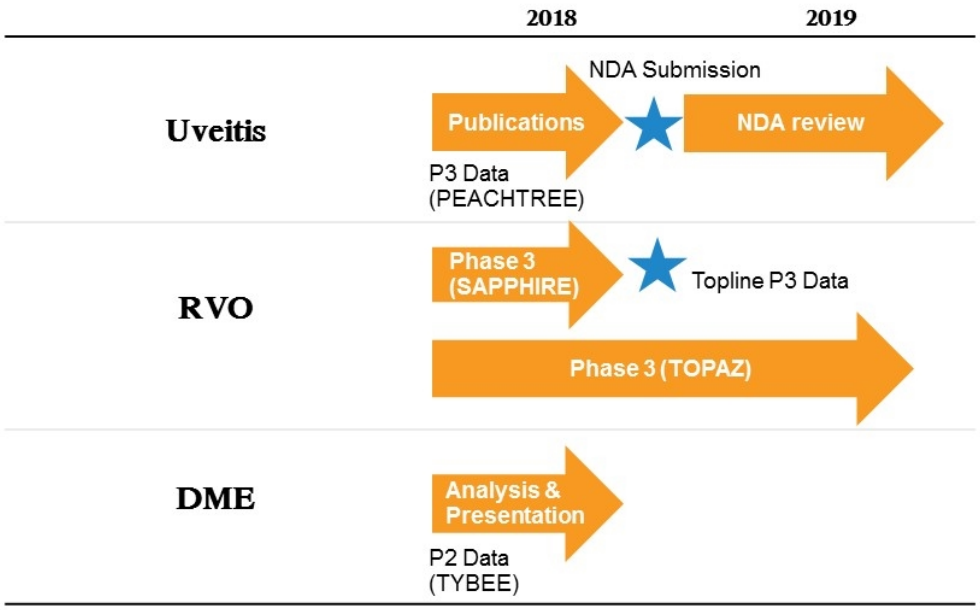
For Multiple Blinding Eye Diseases

INDICATION	STUDY DRUG	CURRENT STATUS
Uveitis (macular edema associated with non-infectious uveitis)	Suprachoroidal CLS-TA (corticosteroid triamcinolone acetonide)	
RVO (retinal vein occlusion)	Suprachoroidal CLS-TA with anti-VEGF (Intravitreal Eylea®)	
DME (diabetic macular edema)	Suprachoroidal CLS-TA alone or with anti-VEGF (Intravitreal Eylea)	
Retinal Vascular Disease	Proprietary Compound(s)	
Orphan Diseases	Gene Therapy	

CLEARSIDE BIOMEDICAL

Major Near-Term Anticipated Milestones

Provide Multiple Potential Value-Inflection Points



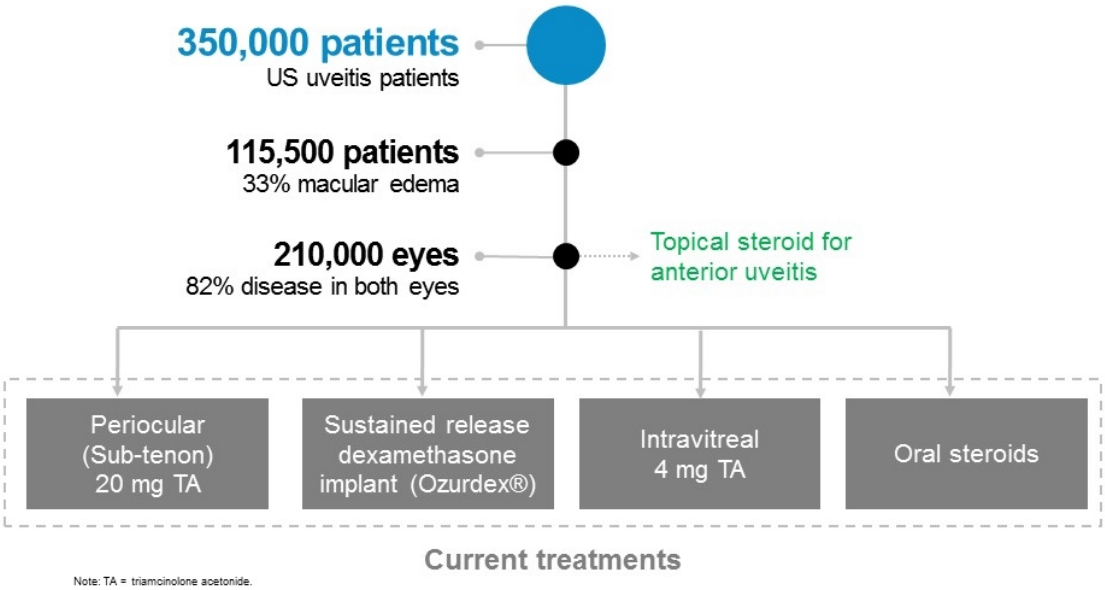
CLEARSIDE BIOMEDICAL

UVEITIS

One of the World's Leading Causes of Blindness

Current Treatment Paradigm

Corticosteroids = most common treatment
for all uveitis complications, including macular edema



Note: TA = triamcinolone acetonide.

CLEARSIDE BIOMEDICAL

The Opportunity

In Treating Macular Edema with Uveitis

Primary Need

1) An approved therapy that targets vision impairment due to the underlying macular edema associated with all non-infectious uveitis

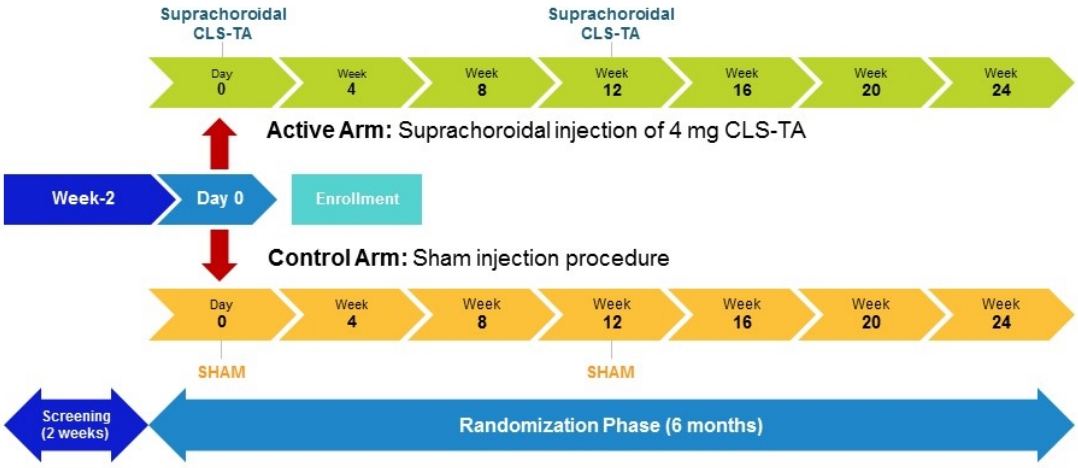
The Problem

1) Inflammation creates sight threatening macular edema
2) No approved treatment for macular edema associated with uveitis
3) No new local treatments for uveitis since 2009
4) Oral corticosteroids often prescribed when disease is local to the eye

CLEARSIDE BIOMEDICAL

PEACHTREE

Design for Pivotal Phase 3 Clinical Trial



Two-arm, randomized, controlled, double-masked, multi-center trial at ~60 clinical sites

3:2 randomization of suprachoroidal CLS-TA vs. sham injection; 160 patients total

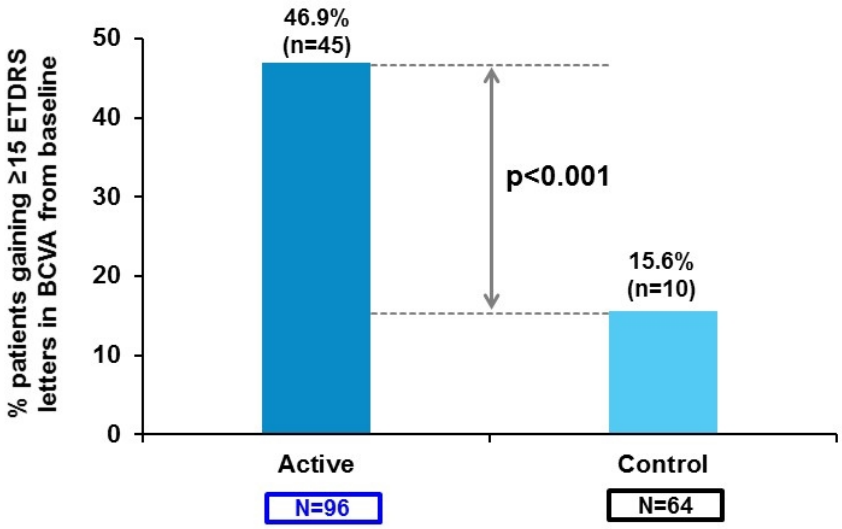
Primary endpoint at 6 months; superiority of best corrected visual acuity outcome from treatment

CLEARSIDE BIOMEDICAL

Primary Endpoint

ETDRS BCVA

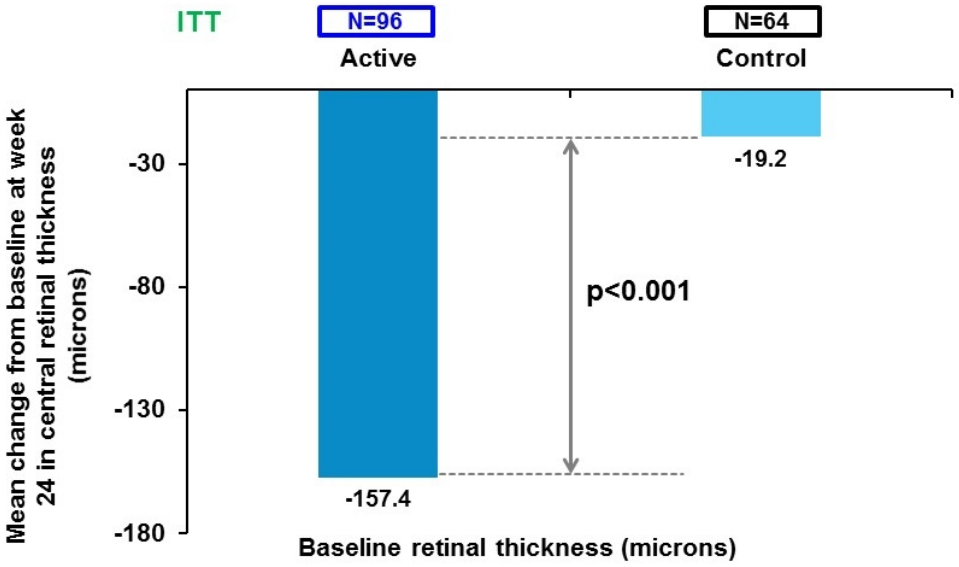
Proportion of patients in each arm gaining ≥ 15 ETDRS letters in BCVA from baseline at Week 24



CLEARSIDE BIOMEDICAL

Secondary Endpoint

Mean Change from Baseline in CRT at Week 24 in Microns

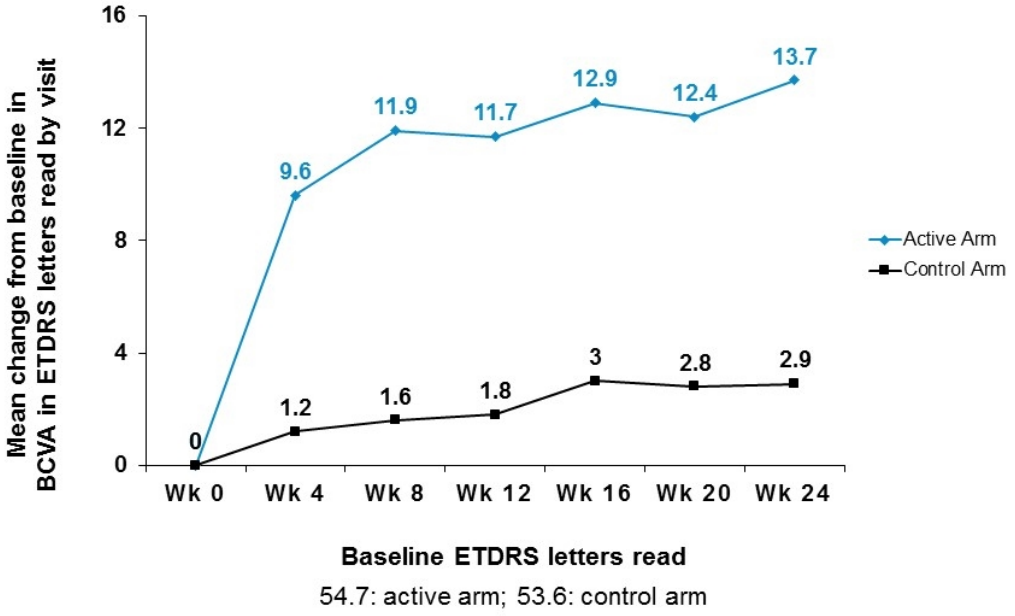


479.8 µm: active arm; 518.0 µm: control arm

CLEARSIDE BIOMEDICAL

Secondary Endpoint

Mean Change in BCVA in ETDRS Letters by Visit

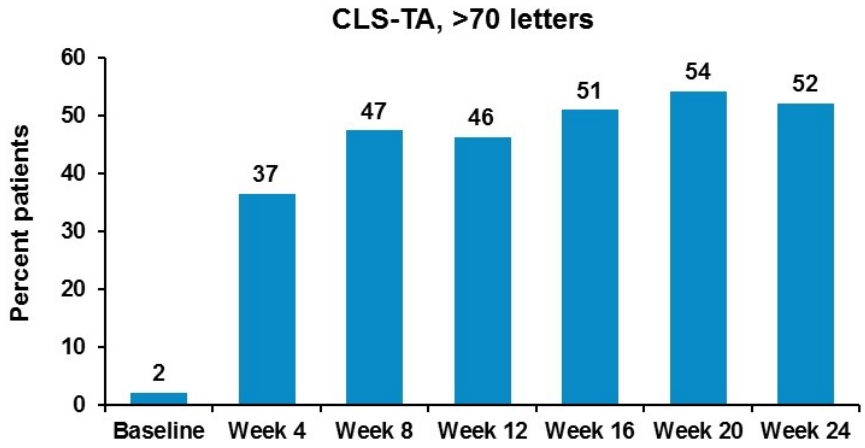


Baseline ETDRS letters read

54.7: active arm; 53.6: control arm

CLEARSIDE BIOMEDICAL

% Subjects Reading ≥70 ETDRS Letters (20/40)

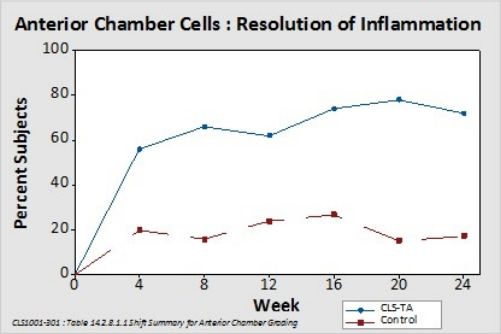


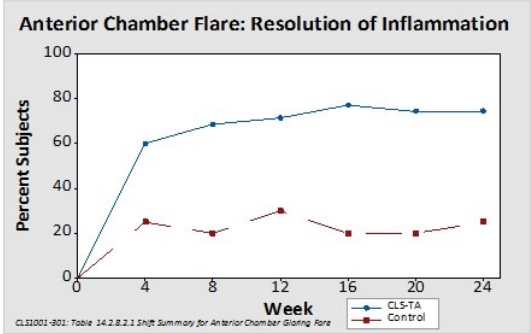
- Starting at week 8, approximately 50% of the suprachoroidal CLS-TA patients could read 70 or more ETDRS letters
- This improvement was sustained through the 24 weeks of the trial

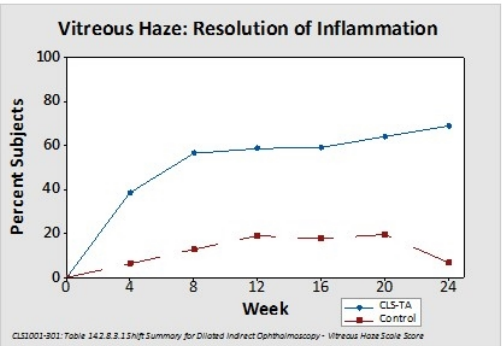
CLEARSIDE BIOMEDICAL

Resolution to Zero

% Subjects Displaying Change to Zero at Week 24





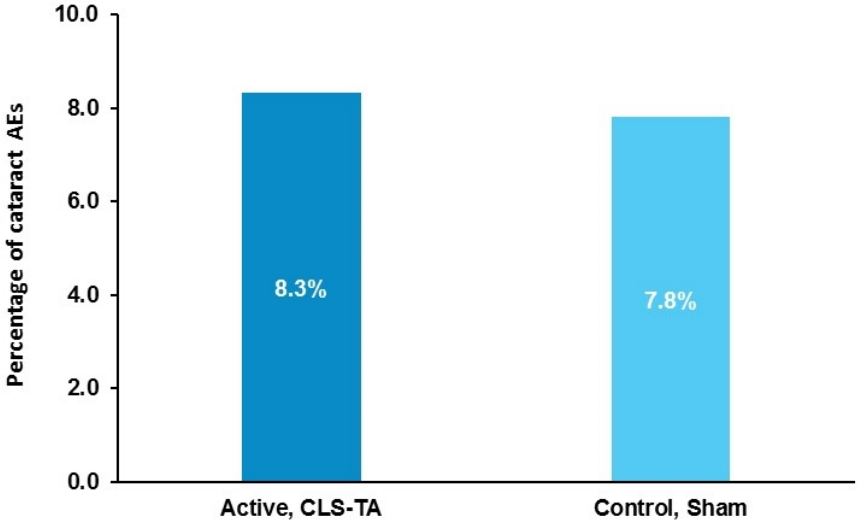


- Resolution of signs of uveitis is clinically significant as most studies define their primary endpoint as reduction in signs
- Clear evidence suprachoroidal CLS-TA is working in all types of uveitis
- Directing drug to the disease is beneficial

CLEARSIDE BIOMEDICAL

AE: Cataracts in CLS-TA and Sham Arms

% Cataract AEs in Each Arm



There were **no treatments (i.e. surgeries)** because of cataract AEs

CLEARSIDE BIOMEDICAL

PEACHTREE

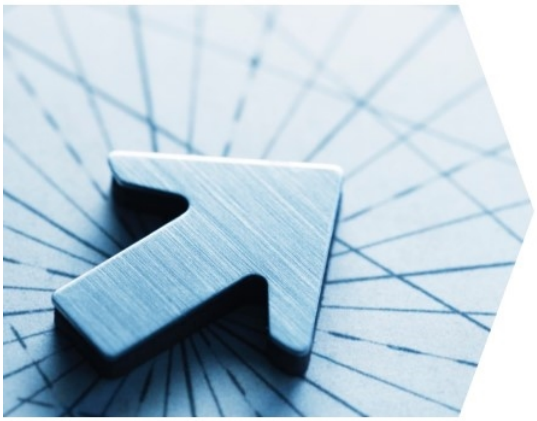
Safety Summary

- 97% of the randomized patients completed the trial
- No serious adverse events related to treatment
- Through 24 weeks, steroid-related elevated IOP adverse events were reported for 11.5% of patients in the CLS-TA treatment group, compared to no patients in the sham group
- 85-90% of subjects in the CLS-TA arm were not rescued, while a majority of subjects in the control arm were rescued, before the end of the study

CLEARSIDE BIOMEDICAL

Next Steps

Based on feedback from end-of-Phase 2 meeting with the FDA, we believe PEACHTREE will be the **only Phase 3 clinical trial required** to support the filing of a New Drug Application (NDA)

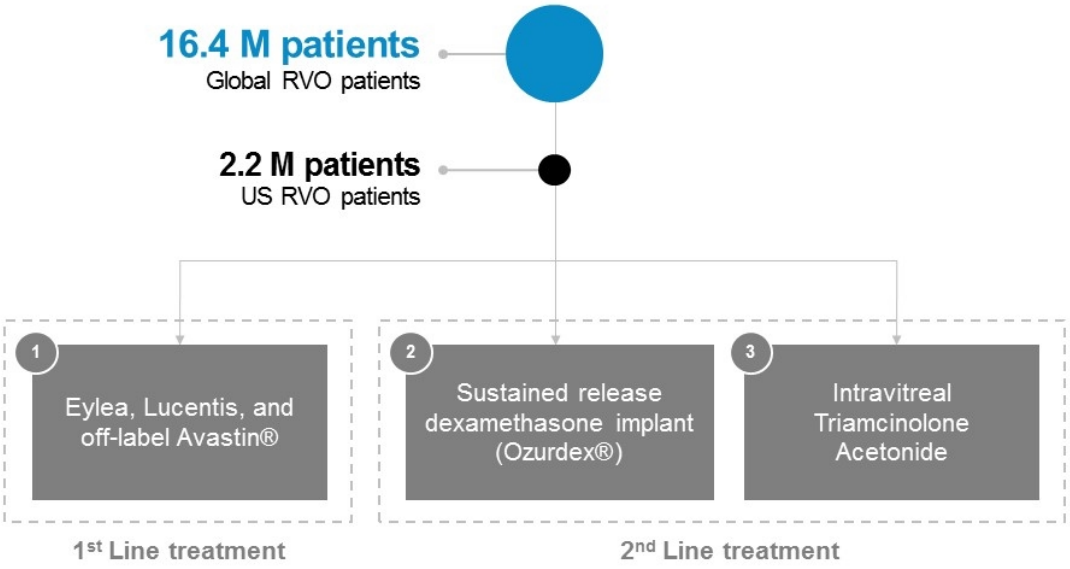


- Detailed results from PEACHTREE will be presented at an upcoming medical conference
- Currently expect to submit NDA to FDA in Q4 2018

RVO

New Approach with CLS-TA + anti-VEGF

Current Treatment Paradigm



CLEARSIDE BIOMEDICAL

The Opportunity

In Treating RVO

Primary Needs

1) More rapid and fuller resolution of macular edema to allow patients to recover as much vision as soon as possible

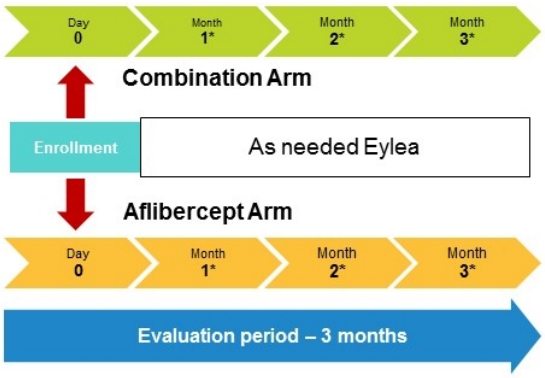
The Problem

1) Compared to uveitis and DME, macular edema following RVO is more severe, as is the attendant vision loss / potential vision gain
2) Multiple inflammatory cytokines are involved in addition to VEGF being upregulated
3) Chronic, monthly anti-VEGF injections are necessary for many patients

CLEARSIDE BIOMEDICAL

TANZANITE

Design for Phase 2 TANZANITE Trial



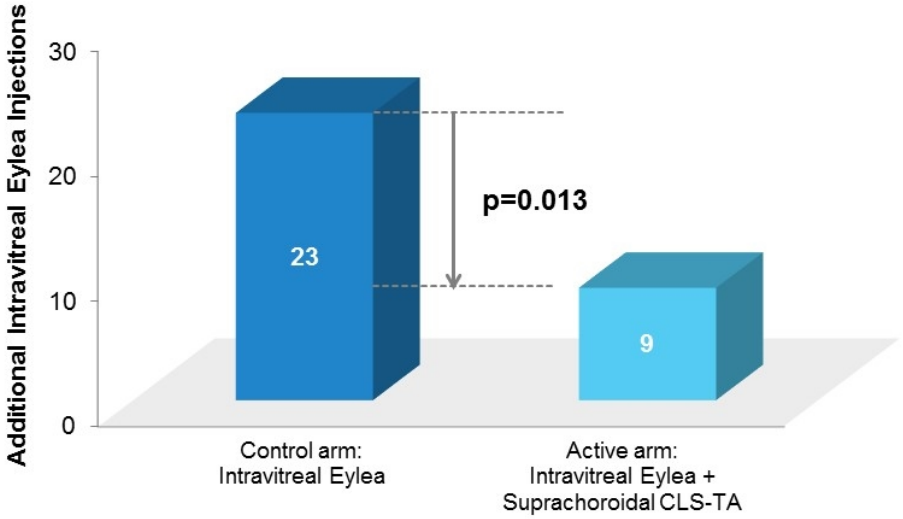
Controlled, masked, randomized (1:1) study

- Patients RVO; Treatment naïve
  - BCVA worse than 70 letters read; macular edema >310 µm on SD-OCT
- Single treatment at Baseline of either CLS-TA + Eylea (combination arm) or Eylea only (Control/Eylea only arm)
  - Subjects were observed for 3 months post treatment; 46 patients enrolled: 23 per arm

CLEARSIDE BIOMEDICAL

Number of Additional Injections

60% fewer additional intravitreal Eylea injections in the suprachoroidal CLS-TA + intravitreal Eylea arm versus control over 3 months

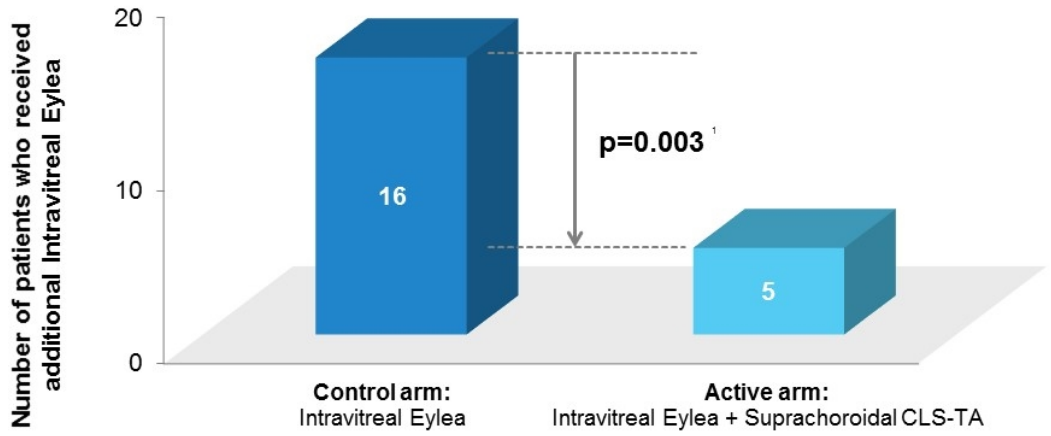


Intent-to-treat (ITT) population: N = 46 (23:23)

CLEARSIDE BIOMEDICAL

Number of Patients Requiring Additional Treatment Reduced

69% fewer patients required additional Eylea treatments



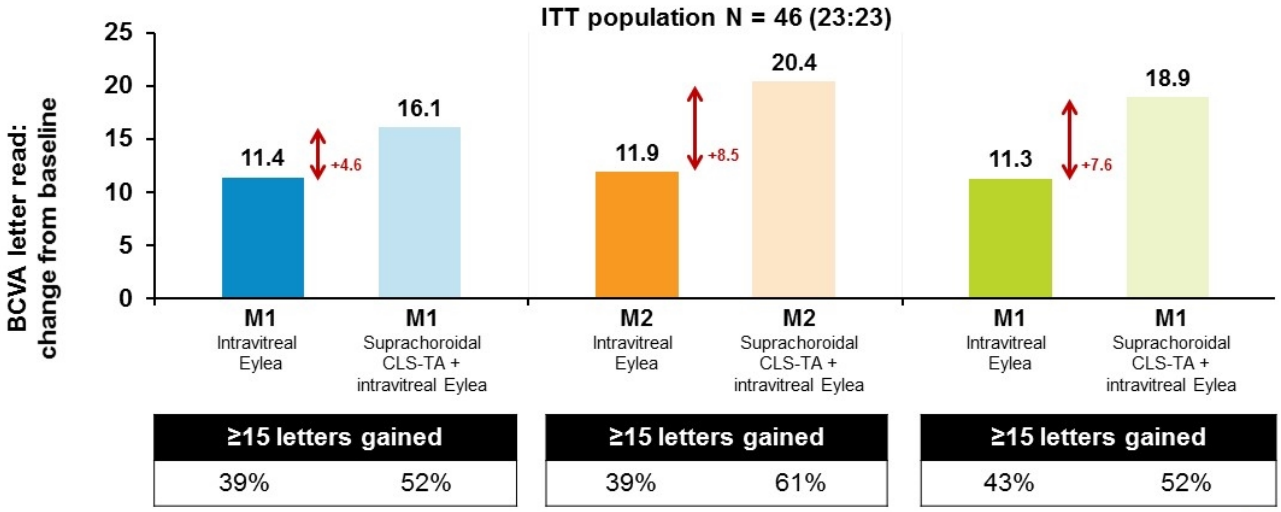
Intent-to-treat (ITT) population: N = 46 (23:23)

[1] Based on post-hoc analysis

CLEARSIDE BIOMEDICAL

Improved Visual Acuity

Suprachoroidal CLS-TA + Intravitreal Eylea resulted in more improved visual acuity at months 1, 2, 3 vs. intravitreal Eylea alone

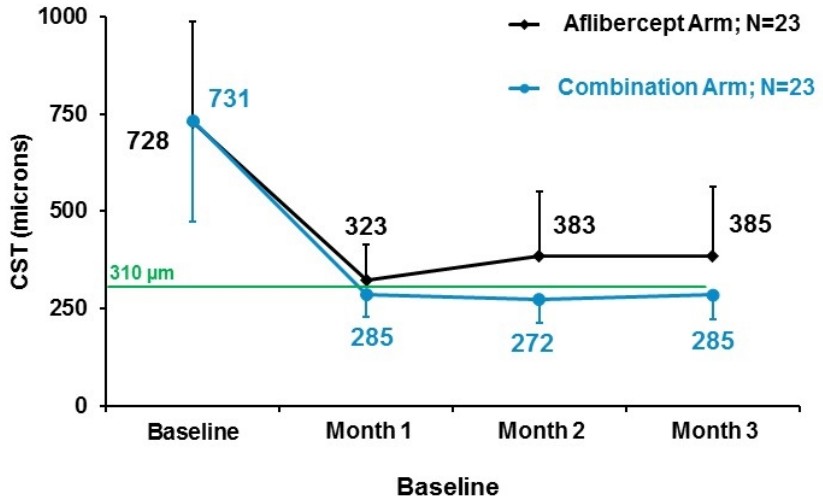


≥15 letters gained		≥15 letters gained		≥15 letters gained	
39%	52%	39%	61%	43%	52%

M1 = month 1; M2 = month 2; M3 = month 3

Retinal Thickness Reductions

Suprachoroidal CLS-TA + intravitreal Eylea resulted in **sustained retinal thickness reductions** at months 1, 2, 3 vs. intravitreal Eylea alone



Baseline

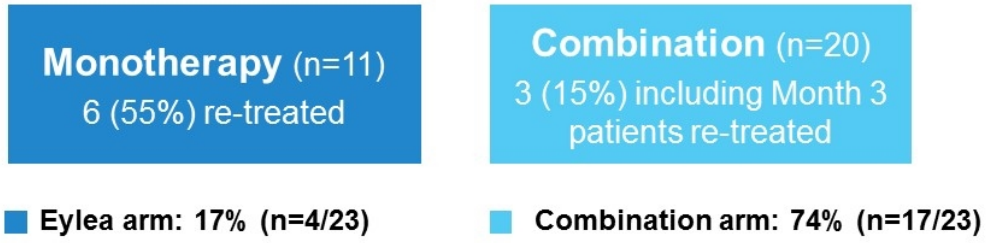
728 µm and 731 µm in the Aflibercept and Combination arms

Note: Bars are one-sided standard deviations

CLEARSIDE BIOMEDICAL

Post-TANZANITE Evaluation

74% of patients who received combination therapy did not receive additional treatment through a minimum 9 months



- **Eylea arm: 17% (n=4/23)**
- **Combination arm: 74% (n=17/23)**

CLEARSIDE BIOMEDICAL

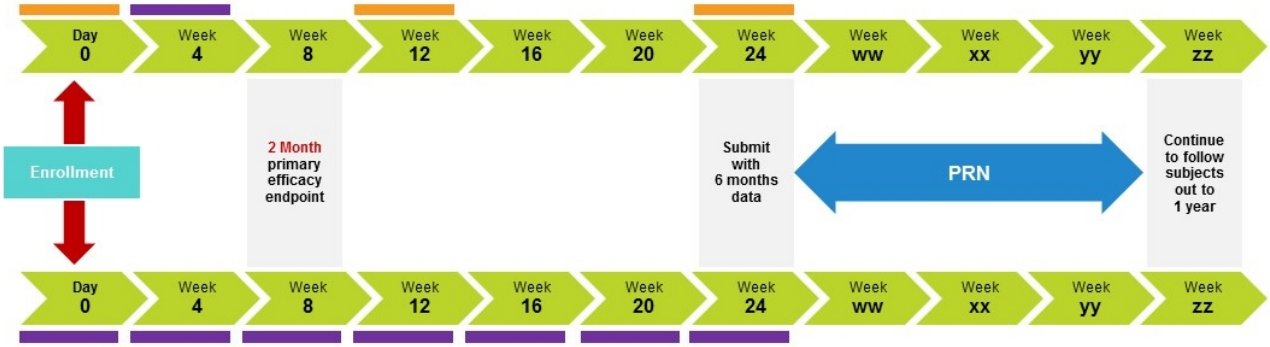
SAPPHIRE

Design for First Phase 3 RVO Clinical Trial

Intravitreal Eylea

Suprachoroidal CLS-TA + Intravitreal Eylea

Combination arm
Suprachoroidal CLS-TA + Intravitreal Eylea; Q12Wk



Control arm
Intravitreal Eylea; Q4Wk

- Two-arm, randomized, controlled, double-masked, multi-center trial at ~150 clinical sites
- 1:1 randomization of suprachoroidal CLS-TA + intravitreal Eylea vs. intravitreal Eylea alone; 230 per arm
- One year study with primary outcome at 2 months; superiority of best corrected visual acuity

CLEARSIDE BIOMEDICAL

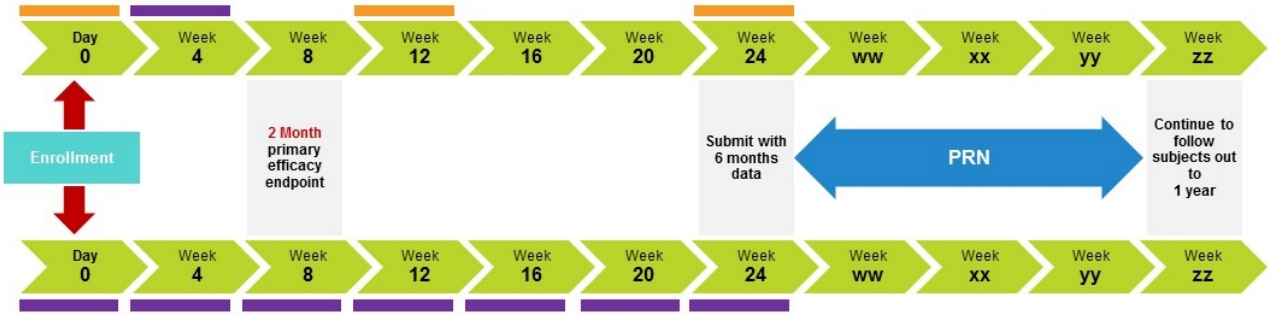
TOPAZ

Second Phase 3 Clinical Trial in RVO Designed to Support a Potential anti-VEGF Class Label

Intravitreal anti-VEGF

Suprachoroidal CLS-TA + Intravitreal anti-VEGF

Combination arm
Suprachoroidal CLS-TA + Intravitreal anti-VEGF[1]; Q12Wk



Control arm
Intravitreal anti-VEGF[1]; Q4Wk

[1] Lucentis or Avastin

- Two-arm, randomized, controlled, double-masked, multi-center global trial; 460 patients
- 1:1 randomization of suprachoroidal CLS-TA + intravitreal anti-VEGF[1] vs. intravitreal anti-VEGF[1] alone
- Primary outcome at 2 months; superiority of best corrected visual acuity

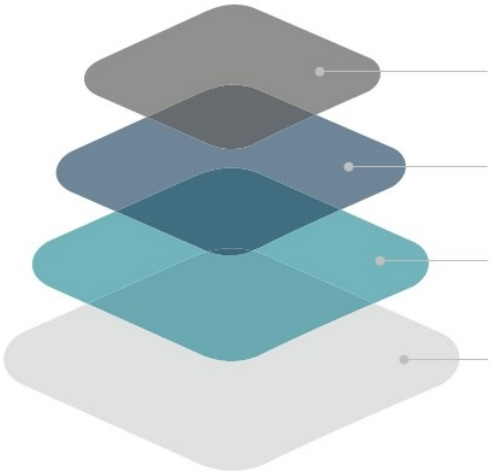
If the primary endpoint is met in SAPPHIRE and TOPAZ, where CLS-TA has been used in combination with one of three anti-VEGF agents - Eylea, Lucentis and Avastin - **the objective will be to seek a class label in the US** where suprachoroidal CLS-TA can be used with any intravitreal anti-VEGF agent for the treatment of macular edema associated with RVO

CLEARSIDE BIOMEDICAL

DME

Suprachoroidal CLS-TA Alone or in Combination with an Anti-VEGF Agent

Steroids Given Frequently to Treat DME



CSME
0.3 M - 0.9 M
(0.6 M - 1.7 M in EU)

DME
1.1 M
(5.8 M in EU)

Diabetic Retinopathy
8.3 M
(16 M in EU)

Diabetes
29.1 M
(55 M in EU)

Current Treatments

- Anti-VEGF
- Steroids: Ozurdex, Iluvien or TA
- LASER

CSME = Clinically significantly macular edema
DME = diabetic macular edema

National Center for Chronic Disease Preventions and Health Promotion: Division of Diabetes Translation. National Diabetes Statistical Report, 2014
International Diabetes Federation. *IDF Diabetes Atlas: 5th Edition.* 2011; 2. International Diabetes Federation. *IDF Diabetes Atlas*: 6th Edition. 2013; 3. IDF Europe. www.idf.org/sites/default/files/idf-europe/IDF%20Toolkit_Backgrounder_FINAL.pdf

CLEARSIDE BIOMEDICAL

The Opportunity
In Treating DME

Anti-VEGF Therapy

- Protocol T indicates Eylea provides the greatest benefit in patients with vision 20/50 or worse
- 40% and 55% of subjects have continued macular edema at the 2 and 3 year visits, respectively, even after monthly intravitreal anti-VEGF injections

The Problem

1. DME response to anti-VEGF injection is largely variable
2. Need for ongoing monthly intravitreal anti-VEGF therapy results in high burden for DME patients

CLEARSIDE BIOMEDICAL

TYBEE

Design for Phase 2 DME Clinical Trial

Eylea

CLS-TA

Arm 1: Intravitreal Eylea + Suprachoroidal CLS-TA (combo/active) **(n=36)**

Arm 2: Intravitreal Eylea only (mono/control) **(n=35)**

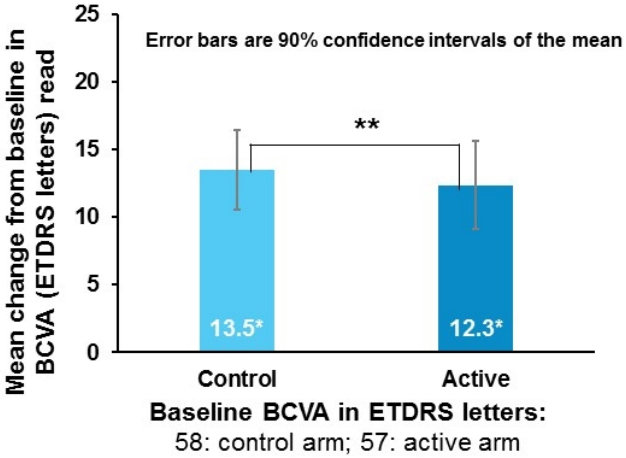
Any additional treatment based on **as needed** criteria at Week 16 and Week 20 will be intravitreal Eylea

- Controlled, masked, randomized study of combination CLS-TA + intravitreal Eylea vs. intravitreal Eylea alone
- Evaluation at Month 6; treatment is based on PRN criteria from Month 3
- Primary outcome measure is comparison of mean change from baseline in BCVA at 24 weeks between the combination arm and the control arm. The study was powered and designed to show that the mean change in BCVA is not different between the two arms.

CLEARSIDE BIOMEDICAL

TYBEE Met Its Primary Endpoint

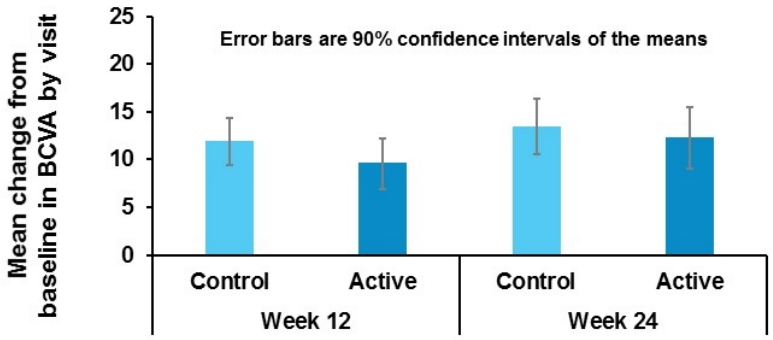
Mean Change in BCVA from baseline at Week 24; the data[1] are tested for equivalence by comparing the 90% confidence intervals



- Each arm shows a statistically equivalent improvement in BCVA from baseline (*p<0.001)

**p=0.664; p>0.05 implies equivalence | Table 14.2.1.1.1; Listing 16.2.6.1 | 1. Data without major deviations; data with major deviations shows similar result

Similar Visual Acuity Data Observed Through Month 6

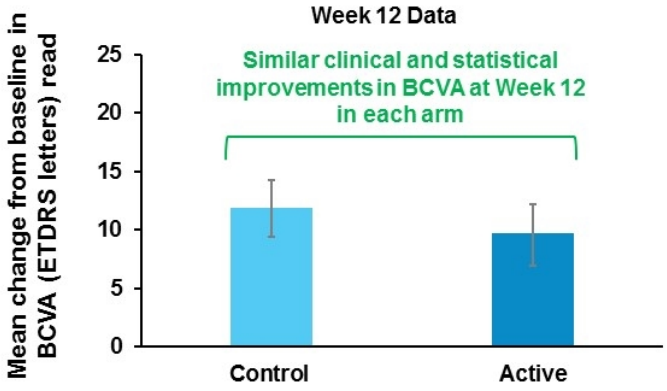


Baseline BCVA in ETDRS letters:
58: control arm; 57: active arm

- Data at each visit starting from Week 4 (week 12 and Week 24 displayed) show similar outcomes with no statistically or clinically meaningful difference when comparing data from each arm

CLEARSIDE BIOMEDICAL

1/3 as Many Treatments in the Active (Combination) Arm Resulted in Efficacy Similar to that Seen in the Monthly Eylea Arm



CONTROL (Eylea only) arm: Treatments given at Baseline, Month 1 and Month 2
ACTIVE (Combination) arm: Treatment given at Baseline only

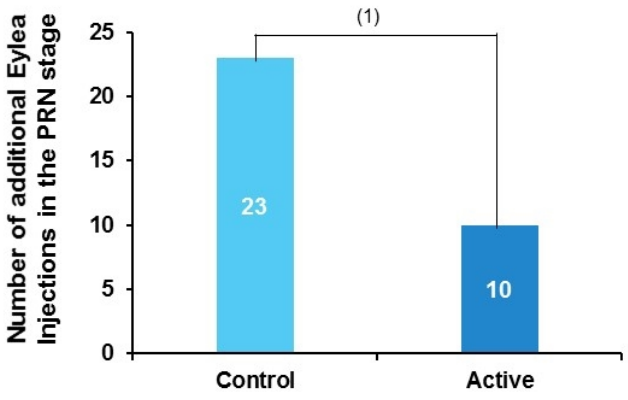
For the first three months of the trial with similar visual acuity outcomes, significantly fewer treatments given in the Active (combination) arm compared to those given in the Control (Eylea only) arm

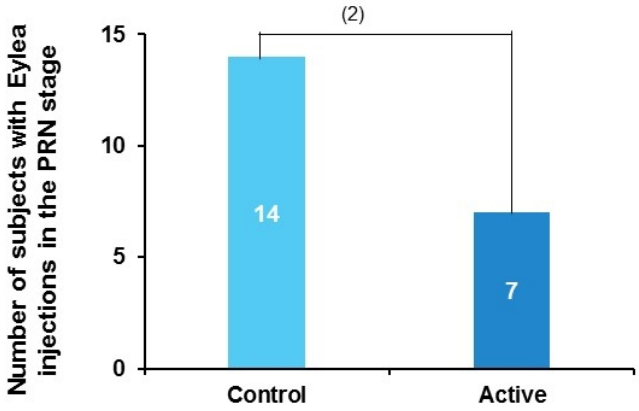
CONTROL (Eylea only) arm (n=35)**: 105 treatments**
ACTIVE (combination) arm (n=36)**: 36 treatments**
p<0.001

CLEARSIDE BIOMEDICAL

Additional Intravitreal Eylea Required in TYBEE

(As needed Week 16 and 20)





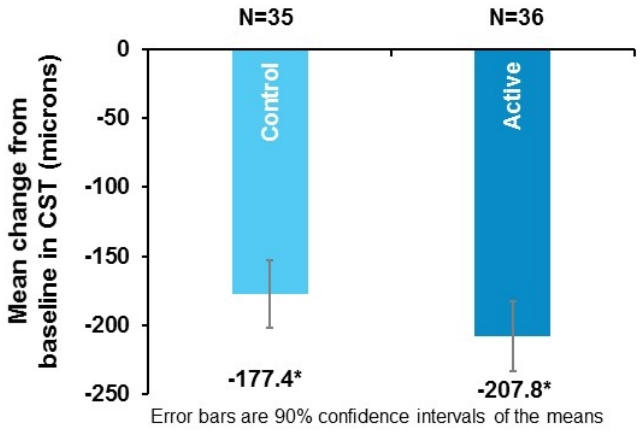
- Significantly **fewer additional Eylea injections** in the Combination (Active) arm than in the Eylea only (Control) arm in the as needed period (p=0.03)
- **Fewer patients receiving additional Eylea injections** in the combination (Active) arm than in the Eylea only (Control) arm in the as needed period
- **49% fewer treatments** required in the Active arm versus the Control

(1) p=0.03
(2) p=0.1; although numerically this shows that half the number of patients required intravitreal Eylea in the Active arm, this difference does not achieve statistical significance

Secondary Endpoint

Mean change from baseline in CST at week 24 in microns

Each arm shows a statistically significant improvement in CST from baseline at week 24 (*p<0.001)



Error bars are 90% confidence intervals of the means

Baseline CST in microns:
513: control arm; 501: active arm

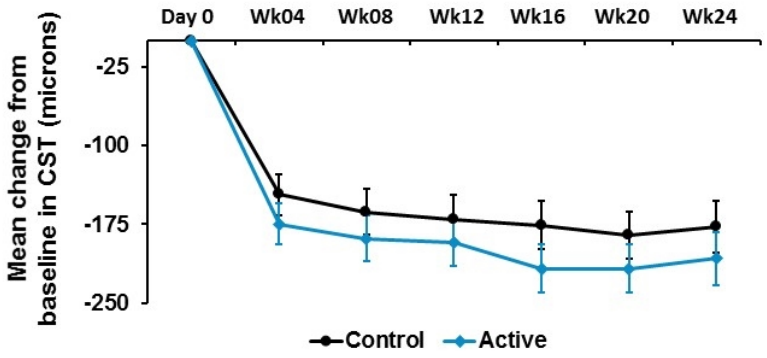
 Table 14.2.2.2.1; Listing 16.2.6.2

CLEARSIDE BIOMEDICAL

Central Retinal Thickness (CST)

Mean change from baseline in CST by visit

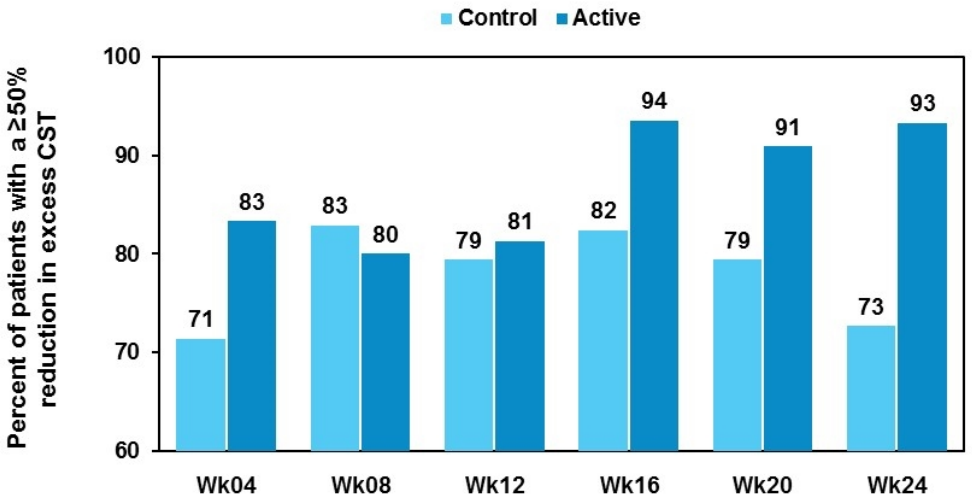
Apparent additional improvement in retinal thickness reduction is seen from week 4 in the combination arm, and sustained through the end of the study (week 24)



CLEARSIDE BIOMEDICAL

50% or Greater Reduction in Excess CST

Proportion of patients demonstrating response by retinal thickness reduction is seen from week 4 in the combination arm, and maintained through the end of the study



CST: central subfield thickness | Table 14.2.2.5.1; Listing 16.2.6.1

TYBEE Trial High Level Summary

Efficacy

This Phase 2 trial met its primary endpoint. Suprachoroidal CLS-TA used together with intravitreal Eylea showed equivalent vision improvement to Eylea alone with fewer treatments at week 24

- Each arm shows a statistically significant improvement in BCVA from baseline ($p<0.001$)
- Equivalent improvements in mean changes from baseline in BCVA ($p>0.05$ indicating outcomes are not different) when comparing the 90% confidence intervals
- Apparent additional improvements in reduction of CST seen in the combination arm

Safety

Adverse events in the trial were generally consistent with other trials involving CLS-TA and Eylea

- These low rates of typical steroid-related events are consistent with our previous trials and continue to support the hypothesis that suprachoroidal injections may provide an adverse event profile similar to that seen in our previously completed trials and similar to the Eylea only (control) arm
    - Elevated IOP 8.3 % (3/36) in the combo arm and 2.9% (1/35) in the control arm
    - Cataracts 5.6% (2/36) in the combo arm and 2.9 % (1/35) in the control am
    - Elevated IOP events were consistent with previous trials with CLS-TA and resolved with eye drops

ETDRS: early treatment of diabetic retinopathy study; BCVA: best corrected visual acuity; CST: central subfield thickness

A WORLD WITHOUT BLINDNESS

In Summary

Opportunity is Well Protected

Patent No.	Significance	Expiration
U.S. 7,918,814	Provides **exclusivity for the administration of any drug to the eye by inserting a microinjector into the sclera** or corneal stroma of a patient's eye, and infusing the drug into the sclera or cornea	2029
U.S. 8,197,435	Provides **exclusivity for administration of any drug to the suprachoroidal space, when the drug is administered through a microinjector** that is inserted into the patient's sclera	2027
U.S. 8,636,713	Provides **exclusivity for all hollow microinjector ocular delivery methods of anti-inflammatory drugs**, so long as the anti-inflammatory drug is infused into the suprachoroidal space	2027
U.S. 8,808,225	Provides **exclusivity for all hollow microinjector ocular delivery methods of drug**, so long as the drug is infused into the suprachoroidal space	2027
U.S. 9,788,995	Provides **exclusivity for all microinjector ocular delivery methods of drug at any ocular insertion site for controlled release**	2027
U.S. 9,180,047	Provides **exclusivity for methods for delivering a substance** to a region of the eye **(e.g., SCS, sclera, choroid)** via **loss of resistance** injection technology	2034
U.S. 9,539,139	Provides **exclusivity for apparatus with actuation rod** configured to operate via **loss of resistance** injection technology	2034
U.S. 9,636,253	Provides **exclusivity for methods for delivery a substance** to a region of the eye (e.g., SCS, sclera, choroid) via an **adjustable needle** and **loss of resistance** injection technology	2034
U.S. 9,770,361	Provides **exclusivity for apparatus with adjustable needle** configured to operate via **loss of resistance** injection technology	2034
U.S. 9,572,800	Provides **exclusivity for methods of treating a posterior ocular disorder** in a human via **non-surgical administration of axitinib** to the **SCS**	2033
U.S. 9,636,332	Provides **exclusivity for methods of treating a posterior ocular disorder** in a human via **non-surgical administration of triamcinolone** to the **SCS**	2033
U.S. Appl. No. 15/673,073 (allowed)	Provides **exclusivity for methods of treating macular edema** (e.g., secondary to RVO) in a human via **non-surgical administration of an anti-inflammatory drug** to the **SCS** and **non-surgical administration of a VEGF antagonist** to the eye	2033
U.S. Appl. No. 15/714,441 (allowed)	Provides **exclusivity for apparatus with an adjustable needle** configured to operate via **loss of resistance** injection technology and a medicament container containing **triamcinolone**	2034
U.S. Appl. No. 15/383,582 (allowed)	Provides **exclusivity for methods of delivering a substance** to a target tissue using **loss of resistance** injection technology	2035

Leadership

Accomplished Team with Deep Ophthalmic Experience

	Experience	Years
DANIEL WHITE President, CEO and Director	GSK, Stiefel, CIBA Vision, Alimera	25
CHARLES DEIGNAN Chief Financial Officer	AtheroGenics, AAIPharma, Schering-Plough	27
GLENN NORONHA, Ph.D. Chief Scientific Officer	Alcon, Sucampo, TargeGen	19
BRION RAYMOND Chief Commercial Officer	Genentech, Carl Zeiss Meditec, Xoma	14
RAFAEL ANDINO VP, Engineering & Manufacturing	CR Bard, CIBA Vision, Dupont, GE, IBM	26
JENNIFER KISSNER, Ph.D. VP, Clinical Development	Alcon, Acucela, Vanderbilt	17
RICK MCELHENY VP, Business Development	Sanofi, MEDA, Vidara	18

Ophthalmic Experience

Alcon

CIBA VISION

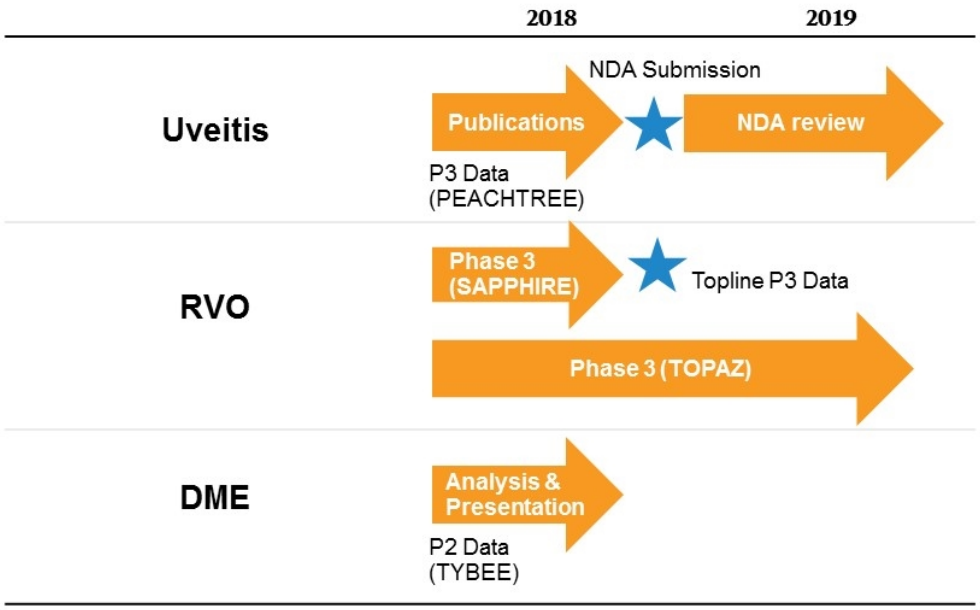
NOVARTIS

ALIMERA SCIENCES

Genentech

Major Near-Term Anticipated Milestones

Provide Multiple Potential Value-Inflection Points



CLEARSIDE BIOMEDICAL

THANK YOU!

CLEARSIDE® BIOMEDICAL

We see a world without blindness; relentlessly pursuing transformative, elegant, precise solutions to restore and preserve vision.