SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEME |
|---|---------|
| Instruction 1(b). | File |
| | |

TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

| 1. Name and Address of Reporting Person [*] Croarkin Richard | | | 2. Issuer Name and Ticker or Trading Symbol Clearside Biomedical, Inc. [CLSD] | | tionship of Reporting Perso all applicable) Director | on(s) to Issuer 10% Owner | | |
|--|------------------|-------|---|--------------------|--|------------------------------|--|--|
| | | | | 4 | Officer (give title | Other (specify | | |
| (Last) | (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | |
| C/O CLEARSID | E BIOMEDICAL | INC | 06/20/2019 | | | | | |
| | | · | | | | | | |
| 900 NORTH POINT PARKWAY, SUITE 200 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi Line) | lividual or Joint/Group Filing (Check Applicable | | | |
| (Street) | | | | X | Form filed by One Repor | ting Person | | |
| ALPHARETTA | GA | 30005 | | | Form filed by More than Person | One Reporting | | |
| (City) | (State) | (Zip) | | | | | | |

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) | , Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|-------------------------------|---|---|---------------|-------|---|---------------------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1 Title of | icchle and | 7 Title on | 4 A | | 0 Number of | 10 | 11 Nature | | | | | | | | |
|---|---|--|---|------------------------------|-------------|--------|-----------|--|--------------------|---|--|---|--|--|--|
| 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. Transa Code (8) | | of | | 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) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$1.07 | 06/20/2019 | | A | | 20,000 | | (1) | 06/19/2029 | Common Stock | 20,000 | \$0.00 | 20,000 | D | |

Explanation of Responses:

1. The shares underlying this option vest in full on the earlier of the Issuer's next annual meeting of stockholders or June 20, 2020.

Remarks:

<u>/s/ Brian F. Leaf, Attorney-in-</u> <u>Fact</u>

06/24/2019

Date

** Signature of Reporting Person

Signature of Reporting Person

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.