FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT	OF	CHANGES	IN BEI	NEFICIA	L OW	NERSH	ΗP

OMB APF	PROVAL									
OMB Number: 3235-028										
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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Ciulla Thomas				2. Issuer Name and Ticker or Trading Symbol Clearside Biomedical, Inc. [ CLSD ]							(Che	lationship of ck all applica Director Officer (	able)	g Perso	on(s) to Issu 10% Ov Other (s	vner		
(Last) (First) (Middle) C/O CLEARSIDE BIOMEDICAL, INC. 900 NORTH POINT PARKWAY, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 01/18/2021							X	below) C	below) Chief Medical Officer				
(Street) ALPHARETTA GA 30005					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)	lividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(5	State)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transa Date (Month/D	Execution Date,		Date,	Transaction Disposed Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 an			5. Amoun Securities Beneficia Owned Fo Reported	s lly ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount (A) or (D)		A) or D)	Price	Transacti	Transaction(s) (Instr. 3 and 4)			(30. 4)	
Common Stock 0			01/18/	2021			A	A 103,125 <sup>(1)</sup> A		\$0.00	253,122 <sup>(2)</sup>			D				
	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/Yea	Code (Instr		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Co	de V	(A)		Date Exercisab		Expiration Date	Title	or Nu	nount Imber Shares		(Instr. 4)	on(s)		
Stock Option (Right to Buy)	\$4.01	01/18/2021		A		209,375		(3)	0	01/18/2031	Comm Stocl		9,375	\$0.00	209,37	75	D	

## **Explanation of Responses:**

- 1. These shares are represented by restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of common stock of the Issuer. The shares underlying the RSU vest in 4 equal annual installments on each of January 18, 2022, January 18, 2023, January 18, 2024 and January 18, 2025, subject to the Reporting Person's continuous service as of each such vesting date, and subject to accelerated vesting in specified circumstances.
- 2. Includes 4,997 shares acquired under the Issuer's employee stock purchase plan on December 31, 2020.
- 3. One-fourth of the shares underlying this option vest on January 18, 2022 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-01/20/2021 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.