(City)

FORM 4

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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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).

(State)

(Zip)

	or Section 30(n) of the investment Company Act of 1940				
1. Name and Address of Reporting Person*  WHITMORE BRADFORD T	2. Issuer Name and Ticker or Trading Symbol Clearside Biomedical, Inc. [ CLSD ]	Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner			
(Last) (First) (Middle) 1603 ORRINGTON AVE., STE 900	3. Date of Earliest Transaction (Month/Day/Year) 01/06/2021	Officer (give title Other (specify below)			
(Street) EVANSTON IL 60201	4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction D Code (Instr. 5		Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(111501. 4)	
01/06/2021		P		350,750	A	\$2.851	3,529,845	D		
							2,835,341	I(1)	by Grace Brothers, LP	
	2. Transaction Date (Month/Day/Year)	2. Transaction Date Execution Date, if any (Month/Day/Year)	2. Transaction Date (Month/Day/Year)  2. Deemed Execution Date, if any (Month/Day/Year)  Code (8)  Code	2. Transaction Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Code (Instr. 8)  Code V	2. Transaction Date (Month/Day/Year)  2. Transaction Execution Date, if any (Month/Day/Year)  2. Transaction Code (Instr. 8)  Code V Amount	2. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) 2. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 8) 5. Code V Amount (A) or (D)	2. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year)  Code V Amount (A) or Price	2. Transaction   Date (Month/Day/Year)     2. Transaction   Date (Month/Day/Year)	2. Transaction   2. T	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 3A. Deemed Execution Date, 10. Ownership Form: 1. Title of 6. Date Exercisable and 7. Title and 8. Price of 9. Number of 11. Nature 3. Transaction 5. Number Conversion Date (Month/Day/Year) Expiration Date (Month/Day/Year) Amount of Derivative Derivative or Exercise Price of Derivative if any (Month/Day/Year) Securities Beneficial Security Code (Instr. Security Securities Securities Acquired (A) or Disposed of (D) Direct (D) or Indirect (I) (Instr. 4) Underlying Derivative (Instr. 5) Beneficially Owned Ownership (Instr. 4) Security (Instr. 3 and 4) Security Following Reported Transaction(s) (Instr. 3, 4 and 5) (Instr. 4) Amount Number Date Exercisable Expiration Date (A) (D) Title Shares Code

## **Explanation of Responses:**

1. As General Partner of Grace Brothers, LP, Bradford T. Whitmore is an indirect beneficial owner of 2,835,341 shares of Common Stock

Bradford T. Whitmore

01/07/2021

\*\* 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.