

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 Instruction 1(b).

STATEMENT 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

1. Name and Address of Reporting Person* <u>RMI Investments S.a.r.l.</u> <hr/> (Last) (First) (Middle) 7, ROBERT STUMPER <hr/> (Street) GRAND DUCHY N4 L-2557 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Clearside Biomedical, Inc. [CLSD]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 06/07/2016	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	06/07/2016		C		1,179,398 ⁽¹⁾	A	⁽²⁾	1,515,167	D ⁽³⁾	
Common Stock	06/07/2016		P		42,857	A	\$7	1,558,024	D ⁽³⁾	

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/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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
Series B Preferred Stock	⁽²⁾	06/07/2016		C			2,594,677	⁽²⁾	⁽²⁾	Common Stock	1,179,398	\$0.00	0	D ⁽³⁾	

1. Name and Address of Reporting Person* <u>RMI Investments S.a.r.l.</u> <hr/> (Last) (First) (Middle) 7, ROBERT STUMPER <hr/> (Street) GRAND DUCHY N4 L-2557 <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>RusnanoMedInvest LLC</u> <hr/> (Last) (First) (Middle) 44, BLDG. 1, KRASNOBOGATYRSKAYA STREET <hr/> (Street) MOSCOW IZ 107076 <hr/> (City) (State) (Zip)
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Explanation of Responses:

1. Represents shares received upon conversion of shares of Series B Preferred Stock.
2. Effective immediately prior to the closing of the Issuer's initial public offering of its common stock, each share of Series B Preferred Stock automatically converted into 0.454545 shares of the Issuer's common stock. The Series B Preferred Stock had no expiration date.
3. The Reporting Person is a wholly-owned subsidiary of Rusnano MedInvest LLC ("RMI LLC"). RMI LLC is the beneficiary of the Reporting Person.

Remarks:

/s/ Vladimir Gurdus, CEO of
RMI Partners, LLC, Managing
Company for Rusnano 06/07/2016
MedInvest, LLC, its Category
A Manager

/s/ Vladimir Gurdus, CEO of
RMI Partners, LLC its 06/07/2016
Managing Company

** 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.