FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

OMB APP	ROVAL							
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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).

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* Deignan Charles A.				2. Issuer Name and Ticker or Trading Symbol Clearside Biomedical, Inc. [CLSD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
	EARSIDE	First) BIOMEDICAL, T			3. Date of Earliest Transaction (Month/Day/Year) 01/18/2021							X	Officer (below)	pecify					
(Street) ALPHAI (City)	RETTA (GA State)	30005 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line) X	Form file	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Ta	ble I - Non	-Deriva	ative	Secur	ities	Acq	uired,	Dis	posed o	of, or Bo	enefic	cially	Owned				
1. Title of Security (Instr. 3) 2. Trans Date			2. Transa	action 2A. Deemed Execution Date,		i Date,	3. Transaction Code (Instr. 3, 4			or 5. Amour		lly ollowing	Form	: Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) (D)	or P	rice	Transacti (Instr. 3 a	on(s)			(Instr. 4)
Common Stock 01				01/18/	/2021				A 96,360 ⁽¹⁾ A		١ :	\$0.00	322,187(2)			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security 1. Title of Derivative Security 1. Transaction Date (Month/Day/Year) 1. Transaction Date (Month/Day/Year) 2. Conversion Opte (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 5. Transaction Date (Month/Day/Year) 6. Transaction Date (Month/Day/Year) 7. Transaction Date (Month/Day/Year)			Co	4. Transaction Code (Instr. 8)		Derivative		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		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Co	de V	(A)	(ate xercisab		expiration Pate	Title	Amo or Num of Sh	- 1		(Instr. 4)	on(s)		
Stock Option (Right to Buy)	\$4.01	01/18/2021		Α	\	195	,640		(3)	0	1/18/2031	Common Stock	195	,640	\$0.00	195,64	10	D	

- 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 5,000 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.