FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

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

IIISIIUC																			
1. Name and Address of Reporting Person* LASEZKAY GEORGE M					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						
				- 1	,,,									tor		10% Ow	ner		
														er (give title		Other (s	pecify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)													
C/O CLEARSIDE BIOMEDICAL, INC.					01/08/2025								CEO						
900 NORTH POINT PARKWAY, SUITE 200																			
Journal of the market, bottle 200				_ 4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)				_ "	4. If Americinent, Date of Original Filed (Month/Day/Year)								Line)						
	RETTA	GΛ	30005									Form filed by One Reporting Person							
ALITIA	KL11A	OA	30003											Form filed by More than One Reporting					
				_									Pers	on					
(City)		(State)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of	Security (In	str. 3)		ransactio									unt of			'. Nature of			
Date (Month/D					Year)	Execution if any	Execution Date, if any		Transaction Disposed O Code (Instr.		I Of (D) (Instr. 3, 4 a		d 5) Secur Benef			r Indirect B	ndirect Beneficial Ownership Instr. 4)		
					(Month/Day/Yea		ay/Year	ır) 8)					Owne	l Following	(l) (ln				
								Code	,	Amount	Amount (A) or Pr		Trans	Transaction(s)					
					(b)						1	(instr. 3 and 4)							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
(e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er of 6	6. Date Exer	rcisal	ble and	7. Title ar	d Amount	8. Price	of 9. Numb	er of	10.	11. Nature		
Derivative Security	Conversion or Exercise	Date	Execution Date, if any	Transa				Expiration Date (Month/Day/Year)			of Securities Underlying		Derivati Security	derivativ		Ownership Form:	of Indirect Beneficial		
(Instr. 3) Price of (Month/Day/Year)					Acquired (A) Derivative Secu							Security	(Instr. 5	Benefici		Direct (D)	Ownership		
	Derivative Security					or Disposed of (D) (Instr.		(Instr. 3 and 4)						Owned	ıa	or Indirect (I) (Instr. 4)	(Instr. 4)		
	Gecunty					3, 4 and 5)								Reporte	Reported Transaction(s)				
									\Box			Amount	7	(Instr. 4)					
							ΙΙ.	Date		piration		or Number							
				Code	v	(A)		Exercisable			Title	of Share	s						
Employee																			
Stock Option	\$0.97	01/08/2025		A		500,000		(1)	101	/08/2035	Common	500.00	0 \$0	500,0	000	D			
(right to	φυ.57	01/06/2023		^		300,000		(-)	101	10012033	Stock] 300,00	ا ک	300,0	<i>7</i> 00	"			
buy)																			

Explanation of Responses:

1. One-fourth of the shares underlying this option vest on January 8, 2026 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.

/s/ Charles Deignan, Attorney-

in-Fact

** Signature of Reporting Person

01/10/2025

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.