FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
rvasinigton,	D.C.	20040

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	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

1. Name and Address of Reporting Person*  Croarkin Richard  (Last) (First) (Middle)					3. Da	2. Issuer Name and Ticker or Trading Symbol Clearside Biomedical, Inc. [ CLSD ]      3. Date of Earliest Transaction (Month/Day/Year) 06/22/2023							i. Relationship of Reporting Person(s) to Issuer Check all applicable)  X Director 10% Owner Officer (give title below) Other (specible)			ner
C/O CLEARSIDE BIOMEDICAL, INC. 900 NORTH POINT PARKWAY, SUITE 200				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person				
(Street) ALPHARETTA GA 30005			Ru	Form filed by More than One Reporting Person  Rule 10b5-1(c) Transaction Indication									rting			
(City)	(5	tate)	(Zip)		$ $ $ $ $ $ $ $	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								ed to		
		Tab	le I - Non-	-Deriv	ative	Sec	urities	s Ac	quired, Di	sposed (	of, or Be	neficial	ly Owned	t		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefici	es Formally (D) (Following (I) (I	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	/ Amount	(A) or (D) Price		Transaci (Instr. 3	tion(s)		(Instr. 4)	
	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)	Date,	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	Amount or Number of Shares				
Stock Option (right to buy)	\$1.31	06/22/2023			A		30,000		(1)	06/21/2033	Common Stock	30,000	\$0.00	30,000	D	

## **Explanation of Responses:**

1. The shares underlying this option vest in full on the earlier of the Issuer's next annual meeting of stockholders or June 22, 2024, subject to the Reporting Person's continuous service as of such vesting date.

## Remarks:

/s/ Mark Ballantyne, Attorneyin-Fact

06/23/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.