FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL							
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Name and Address of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Chong Ngai Hang Victor		Clearside Biomedical, Inc. [CLSD]						(66	Direc	,		10% Ov	vner			
	3. Da	Date of Earliest Transaction (Month/Day/Year)						1	Office below	er (give title		Other (s	specify			
(Last) (First) (Middle)		06/24/2024							Chief Medical Officer							
C/O CLEARSIDE BIOMEDICAL, INC.		<u> </u>								ļ						
900 NORTH POINT PARKWAY, SUITE 200		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
											V		filed by On	e Repo	rting Perso	on
(Street)													filed by Mo	re than	One Repo	orting
ALPHARETTA GA 30005												Perso	on			
(City) (State) (Zip)		Rul	e 10)b5-	1(c)	Trans	sac	tion Indi	cati	on						
								action was m					uction or writt	en plan	that is inter	nded to
Table I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficiall	y Own	ed 			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)		Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired (AD) Disposed Of (D) (Instr. 3) 5)						ies cially Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) (D)	or F	Price		ed ction(s) 3 and 4)			(Instr. 4)
Common Stock	06/24/2	2024				P		23,500	A	4	\$1.06	63	3,500]	D	
Table II -	Derivati	ve Se	curit	ies A	Acau	ired. C	Dispo	osed of.	or Be	enefi	cially	Owne				
								onvertib								
1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) 1. Title of Conversion Date Execution Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8) 5. Numbe of Derivativ Securitie Acquired (A) or Disposec of (D) (Instr. 3, and 5)		vative irities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (0. wwnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					

/s/ Mark Ballantyne, Attorney-06/24/2024 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.