FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
rvasiliigion,	D.C.	20040

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OME	OMB APPROVAL									
OMB Numb		3235-0287								
Estimated a	average burd	den								
hours per re	esponse:	0.5								

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*					2. Issuer Name and Ticker or Trading Symbol Clearside Biomedical, Inc. [CLSD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
LASEZKAY GEORGE M						Cicarside Diomedicar, me. [CESD]						X	Direc	tor	10% Owner		vner		
(Last)	(Fir	rst) (N	/liddle)		3. Da	Date of Earliest Transaction (Month/Day/Year)								X	Officer (give title below)			Other (specify below)	
C/O CLEARSIDE BIOMEDICAL, INC.					01/19/2023						CEO								
900 NORTH POINT PARKWAY, SUITE 200																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable							
(Street)														Line)	5 5 11 0 5 11 5				
ALPHAI	RETTA GA	A 3	0005											A		Form filed by One Reporting Person Form filed by More than One Reporting			
															Perso		ie tilali O	ie itepo	Ji tiling
(City)	(St	ate) (Z	<u>Z</u> ip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)		es Acquired (A) of (D) (Instr. 3, 4		and Securi Benefi Owned		ties cially l Following	6. Owner Form: Di (D) or Ind (I) (Instr.	rect direct 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D) Pri		ice	Transa	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)
Common	Stock			01/19/2	2023		S ⁽¹⁾		20,030	D	\$1	1.46(2)	484,577		D				
	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)	perivative Conversion Date Execution Date, cecurity or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Dei Sec (Ins	ivative durity S tr. 5) B C F R	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owi Fori Dire or li (I) (I	nership n: ct (D) ndirect nstr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Numb of Share						

Explanation of Responses:

- 1. The sales reported in this Form 4 represents shares required to be sold by the Reporting Person to satisfy tax withholding obligations in connection with the settlement of restricted stock units. The sale occurred automatically to satisfy the tax withholding obligations to be funded by a "sell to cover" transaction pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$1.45 to \$1.48 inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

/s/ Mark Ballantyne, Attorney- 01/20/2023 in-Fact

** Signature of Reporting Person

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.