FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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* Decreased British Company					2. Issuer Name and Ticker or Trading Symbol Clearside Biomedical, Inc. [CLSD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Raymond Brion S.				Greatotte Diometricus, Inc. [GEOD]								1	Direct	or	10%	Owner				
				- -	2. Data of Farling Transporting (Marth (Bank)								\dashv	X Office below		r (give title)	Othe belov	r (specify v)		
(Last)		(First)) (1	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/31/2019									Ch	ief Comm	nercial Office	r	
C/O CLEARSIDE BIOMEDICAL, INC.				03/	J1/2	1013											iereiar Office	-		
900 NORTH POINT PARKWAY, SUITE 200																				
				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6.	6. Individual or Joint/Group Filing (Check Applicable						
(Street)							Line)													
ALPHAI	PETTΔ	GΔ	3	80005												X	Form	filed by One	e Reporting Per	rson
———	LIIA	<u> </u>														Form filed by More than One Reporting Person				porting
(City)		(State	e) (2	Zip)													1 0100			
			Table	e I - Nor	า-Deriv	ative	Se	curitie	s Acc	uired,	Dis	posed o	f, or	Bene	eficia	ally O	wne	d		
1. Title of S	Cocurity (l	actr 3	2)		2. Transa	ection						(A) or	or 5. Amount of			6. Ownership	7. Nature			
1. Title of s	becurity (ii	1511. 3	>)		Date	Ex		Execution Date,		Transaction Disposed		Of (D) (Instr. 3, 4			and Securi		ies	Form: Direct	of Indirect	
(Month/Da			Day/Yea	ay/Year) if any (Month/Day/Year)				Code (Instr. 5) 8)							ially Following	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership			
						,, . o,	, ,			1 1			Rep		ed	(,, ((Instr. 4)			
							Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)						
Common Stock 05/31				/2019						50,000 ⁽¹⁾ A		\$0.	50,000		D					
			Ta	hla II - F) Arivat	ive S	ACII	ıritide	Δεαιιί	ired D	ienc	sed of,	or B	anafi	ciall	v Owr	har		•	
			14									onvertib				y Ow.	icu			
1. Title of Derivative	2. Conversion		. Transaction	3A. Deemed Execution I if any	n Date, Trans Code					6. Date Exercisable and			7. Title and Amount of			8. Price o		9. Number o	f 10. Ownership	11. Nature of Indirect
Security	or Exercis		(Month/Day/Year)			Code (Expiration Date (Month/Day/Year)			Securities			Security		Securities	Form:	Beneficial
(Instr. 3)	Price of Derivative			(Month/Da		8)							Underlying Derivative			(Instr. 5)		Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)
Security							(A) or		s			Secu	Security (Instr. 3 and 4)		3		Following	(I) (Instr. 4)		
							of (D) (Instr. 3, 4					and 4					Reported Transaction(s)	(s)		
																(Instr. 4)				
	and 5)			 			-													
															ount					
														or Num						
						Code	l _v	(A)	(A) (D)			Expiration Date	Title	of Sha	res					
								1 ()						1		1	- 1			1

Explanation of Responses:

1. These shares are represented by restricted stock units. Each restricted stock unit represents a contingent right to receive one share of common stock of the Issuer. The shares underlying this restricted stock unit award will vest in full on May 31, 2020, subject to the Reporting Person's continuous service with the Issuer as of such vesting date, and subject to accelerated vesting in specified circumstances.

Remarks:

/s/ Brian F. Leaf, Attorney-in-Fact

** Signature of Reporting Person Date

06/04/2019

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.