## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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).

## 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

1. Name and Address of Reporting Person <sup>*</sup> Humphries William D.						2. Issuer Name and Ticker or Trading Symbol Clearside Biomedical, Inc. [ CLSD ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)		(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/22/2017									Officer (give title below)			er (specify	
C/O CLEARSIDE BIOMEDICAL, INC. 900 NORTH POINT PARKWAY, SUITE 200					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) ALPHARETTA GA 30005															Form filed by More than One Reporting Person				
(City)	(S	tate) (																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Exe if a	A. Deemed xecution Date, any lonth/Day/Year)		Code (In	Transaction Code (Instr.		4. Securities Acquired Disposed Of (D) (Instr. and 5)			5. Am Secur Benef Owner Follo	icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
									Code	v	Amou	nount (A) or (D)		rice	Repor Trans		(1130.4)	(Insu: 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)	Execution Date, if any (Month/Day/Year)		4. Transact Code (In 8)	tion Number		6. Date Exer Expiration I (Month/Day,	) ate		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of Der Sec (Ins	rice ivative urity tr. 5)	9. Number o derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Exp Dat	iration e	Title	Amou or Numb of Share	er					
Stock Option (right to buy)	\$8.81	06/22/2017			A		8,618		(1)	06/2	21/2027	Common Stock	8,61	8 \$	0.00	8,618	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, 2018.

Remarks:

/s/ Brian F. Leaf, Attorney-in-06/23/2017

\*\* Signature of Reporting Person Date

Fact

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.