Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

3

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

	OMB APPR	ROVAL							
	OMB Number: 3235-02								
Estimated average burden									
	hours per response:	0.5							

							()				1 7										
Name and Address of Reporting Person* Noronha Glenn					2. Issuer Name and Ticker or Trading Symbol Clearside Biomedical, Inc. [CLSD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
						Siemonde Diomedical, me. [CLSD]									Directo	or		10% Ov	vner		
(Look) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)								X	Officer below)	(give title		Other (s below)	specify		
(Last) (First) (Middle) C/O CLEARSIDE BIOMEDICAL, INC.							12/08/2017								Chief Scientific Officer						
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) X Form filed by One Reporting Person							
ALPHARETTA GA 30005														Form filed by More than One Repo							
-															Person		o tiridi	. 0.10 11000	9		
(City)	(5	State)	(Zip)																		
		Tak	ole I - Non	-Deriva	ative	Se	curities	s Ac	quired,	Dis	osed o	f, or Be	nefici	ially	Owned						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			Date,	Code (I		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Secu Bene Own		s ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) oi (D)	Pric	ce Reported Transact (Instr. 3		ion(s)						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
			(e.g., pı	uts, c	calls	s, warra	ants	, option	s, c	onvertil	ble secu	irities)		1					
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		4. Transaction Code (Instr. 8)				6. Date Exercisal Expiration Date (Month/Day/Year		of Securities		ies g Securi		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				c	ode \	v	(A)	(D)	Date Exercisab		expiration	Title	Amou or Numb of Share	er							
Employee Stock Option (right to	\$5.89	12/08/2017			A		96,000		(1)	1	2/07/2027	Common Stock	96,00	00	\$0.00	96,000	0	D			

Explanation of Responses:

1. One-fourth of the shares underlying this option vest on December 8, 2018 and the balance of the shares vest in a series of 36 successive equal monthly installments thereafter, subject to the reporting person's continuous service as of each such vesting date.

Remarks:

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

12/12/2017

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.