FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	DC	20549	
asimigton,	D.C.	20040	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urden								
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).

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*     Ianchulev Tsontcho					EY	2. Issuer Name <b>and</b> Ticker or Trading Symbol EYENOVIA, INC. [EYEN]									(Ch	5. Relationship of Reportir (Check all applicable) X Director			ng Person(s) to Issuer		
(Last)	,	*	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/27/2023										Offi belo	er (give title w)		Other (s	specify	
C/O EYENOVIA, INC. 295 MADISON AVENUE, SUITE 2400					4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street)	ORK N	Υ	10017												X Form filed by One Reporting Person Form filed by More than One Reporting Person						
TOTAL NI 1001/							Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)			Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
''' ''' '		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. ) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				d Secu Bene	ficially d Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Cod	,	,	Amount	(A) or (D)		Price	Trans	action(s) 3 and 4)			(111501.4)		
Common Stock, par value \$.0001			06/27	06/27/2023				A			17,241 <sup>(1)</sup>		A	\$0	3	348,452		D			
Common Stock, par value \$.0001																(	606,667		I	By Private Medical Equity, Inc. <sup>(2)</sup>	
Common Stock, par value \$.0001																	6,000		I	By The Meliora Trust <sup>(2)</sup>	
		Т	able II -								•	sed of, onverti	•		-	Owne	d				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Transaction Code (Instr.				on of E			Exercion D	ate	ble and 7. Title and Amount of Securities Underlying Derivative Set (Instr. 3 and 4				8. Price Derivati Security (Instr. 5)	e derivative	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	able		opiration	Title		Amount or Number of Shares						
Stock Option (right to buy)	\$2.32	06/27/2023			A		24,691		(3		06	6/27/2033		nmon ock	24,691	\$0	24,69	1	D		

## **Explanation of Responses:**

- 1. Represents restricted stock units that fully vest on the earlier of June 27, 2024 or the date of the Issuer's 2024 annual meeting of stockholders, subject to the Reporting Person's continued service on the Issuer's Board of Directors and acceleration upon change in control.
- 2. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.
- 3. The option becomes exercisable on the earlier of June 27, 2024 or the date of the Issuer's 2024 annual meeting of stockholders, subject to the Reporting Person's continued service on the Issuer's Board of Directors and acceleration upon change in control.

/s/ Tsontcho Ianchulev

06/29/2023

\*\* 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.