FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
|-------------|------|-------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APP | ROVAL | | | | | | | | |
|--|--|-------|--|--|--|--|--|--|--|--|
| | 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).

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* <u>LEE KENNETH B JR</u> | | | | 2. Issuer Name and Ticker or Trading Symbol EYENOVIA, INC. [EYEN] | | | | | | | | | ck all app Direc | olicable) ctor | | erson(s) to Issuer 10% Owner | | | | |
|---|--|-------------|------|---|---------|--|------------------|--|-----------------------------------|-----------------|---|--------------------|---|---|--|--------------------------------------|--|--|-------------------|----------|
| (Last) | | First) INC. | (Mi | iddle) | | | te of E 1/202 | | nsa | action (N | /Jonth | /Day/Year) | | | | Office belov | er (give title /) | | Other (below) | specify |
| 295 MADISON AVENUE, SUITE 2400 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW YO | ORK 1 | NY | 10 | 017 | | | | | | | | | | |)) | | | | | |
| (City) | (| State) | (Ziţ | p) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | ٠ | | | 4. Securities Disposed O 5) | | | | 5. Amo Securit Benefic Owned Report | ies cially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | Code | v | Amount | (A) c (D) | or P | rice | Transa | ction(s) 3 and 4) | | | (1130.4) |
| Common Stock, par value \$.0001 06/11/ | | | | 06/11/2 | 2021 | 021 | | | P | | 2,000 | A | , | \$5.38 | 38 21,359 | | D | | | |
| Common Stock, par value \$.0001 06/14/2 | | | | | 021 | | | P | | 2,000 | 2,000 A | | \$5.47 | 7 23,359 | | | D | | | |
| Common Stock, par value \$.0001 06/15/2 | | | | 2021 | | | P | | 2,000 | A | \$ | 5.406 | 6 25,359 | | D | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | | 4. Transa Code (8) | | | e | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | (A) (D) | | Date Exercis | able | Expiration Date | Title | Amor or Numl of Share | oer | | | | | |

Explanation of Responses:

Remarks:

/s/ Kenneth B. Lee Jr.

06/15/2021

** 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.