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

Vashington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	ROVAL								
	OMB Number: 3235-0287 Estimated average burden									
	hours per response	. 05								

	tion 1(b).	iitiiiu	c. 3cc		Filed							es Exchangen npany Act of		f 1934			nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* <u>Ianchulev Tsontcho</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol EYENOVIA, INC. [ EYEN ]								5. Relationship of Report (Check all applicable) X Director			ing Person(s) to Iss 10% Ow				
(Last)	( ENOVIA,	First	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/27/2023									Office belov	er (give title v)		Other (s below)	specify	
295 MADISON AVENUE, SUITE 2400					4. If A	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) NEW YORK NY 10017													Line) X	,						
(City)	(	Stat	e) (Z	Zip)																
			Table	I - Nor	n-Deriva	tive S	Secu	ırities	Acq	uired,	Dis	posed of	or E	Benef	iciall	y Own	ed			
Date		2. Transac Date (Month/Da	/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				3, 4 and Securi Benefi Owned		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
										Code	v	Amount	(A) (D)	or P	rice	Report Transa (Instr. 3	ed ction(s) 3 and 4)			(Instr. 4)
Common	Stock, pa	ar va	alue \$.0001		04/27/2	2023			S	60		Ι	)	\$5	421,211		D			
Common Stock, par value \$.0001														606,667			I	By Private Medical Equity, Inc. <sup>(1)</sup>		
Common Stock, par value \$.0001													6,000			I	By The Meliora Trust <sup>(1)</sup>			
			Tal	ole II -	Derivati (e.g., pu	ve Se	ecuri	ities <i>l</i> warra	Acqui ants,	ired, D optior	ispo 1s, c	osed of, o	or Be le se	nefic curiti	ially es)	Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	Exercise (Month/Day/Year) ce of ivative		Execution Date, if any		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) or Dispo of (D) (Instr	of		Exerci on Da Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (In: 3 and 4)		De Se (Ir	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially 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)		Date Exercisa	able	Expiration Date	Title	or Numb of Share							

## **Explanation of Responses:**

1. 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.

/s/ Tsontcho Ianchulev

05/01/2023

\*\* 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.