SEC Form 4									
FORM 4	UNITED	O STATES S		on, D.C. 2054		IMIS			
				,	-			OMB APPRO	JVAL
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STAT	_			EFICIAL OWNE	RSH	Esi	IB Number: imated average burd irs per response:	3235-0287 en 0.5
			tion 30(h) of the Inv						
1. Name and Address of Reporting Perso <u>Strahlman Ellen R</u>	n <sup>*</sup>		er Name <b>and</b> Ticker NOVIA, INC				tionship of Repor all applicable) Director	ting Person(s) to Is	
(Last) (First)	(Middle)	3. Date 06/12/	of Earliest Transac 2024	ction (Month/D	ay/Year)		Officer (give tit below)		(specify
C/O EYENOVIA, INC. 295 MADISON AVENUE, SUITE	E 2400	4. If Am	nendment, Date of (	Original Filed	(Month/Day/Year)	6. Indiv Line)		oup Filing (Check A One Reporting Pers	
(Street) NEW YORK NY	10017						Form filed by N Person	lore than One Rep	orting
(City) (State)	(Zip)	Rule	10b5-1(c) T	ransacti	on Indication	,			
(Gity) (Gitale)	(210)	Ch sat	eck this box to indicat isfy the affirmative de	te that a transaction tense condition	ction was made pursuant to a s of Rule 10b5-1(c). See Inst	contract	, instruction or writt 0.	en plan that is intend	ed to
Ta	able I - Nor	n-Derivative S	ecurities Acqu	uired, Disp	oosed of, or Benefi	cially	Owned		
1. Title of Security (Instr. 3)		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, 4 5)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities A Disposed Of ( 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)
Common Stock, par value \$.0001	06/12/2024		A		61,481(1)	Α	\$ <mark>0</mark>	136,594	D	

		-									or Beneficially Owned le securities)				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	ive ies ed ed nstr.	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$0.65	06/12/2024		A		85,106		(2)	06/12/2034	Common Stock	85,106	\$0	85,106	D	

## Explanation of Responses:

1. Represents restricted stock units that fully vest on the earlier of June 12, 2025 or the date of the Issuer's 2025 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 option becomes exercisable on the earlier of June 12, 2025 or the date of the Issuer's 2025 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/ Ellen Strahlman
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06/14/2024

Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.