FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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>JACOBSON RACHEL</u>					E	2. Issuer Name and Ticker or Trading Symbol EYENOVIA, INC. [EYEN]									ck all applic	cable) or	Pers	on(s) to Issu	ner
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/12/2024										Officer (give title below)		Other (s below)	pecify
C/O EYE	ENOVIA, I	NC.			4 1	f Ame	endment I	Date o	of Original	Filed	(Month/Da	av/Year)		6 Inc	lividual or .	loint/Group	Filina	(Check Apr	olicable
295 MADISON AVENUE, SUITE 2400					"	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	ndividual or Joint/Group Filing (Check Applicable e) Form filed by One Reporting Person				
(Street)															_	led by More		One Repor	
NEW YO	ORK N	Y	10017		- Ri	Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Non	ı-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	nef	icially	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			Transaction Disposed Code (Instr. 5)			ties Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amou Securitie Benefici Owned F Reported	es ally following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	nount (A) o		Price	Transaction(s) (Instr. 3 and 4)				.msu. 4)
Common Stock, par value \$.0001 06/12/2						/2024		A		61,481 ⁽¹⁾ A		\$ <mark>0</mark>	104	104,233		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible 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 E if any (Month/Day	Date,	Code (Ins				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Nu of	mber ares					
Stock Option (right to buy)	\$0.65	06/12/2024			A		85,106		(2)	O	06/12/2034	Common Stock	85	,106	\$0	85,106	5	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/ Rachel Jacobson

** Signature of Reporting Person

06/14/2024

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.