FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasimigton,	D.O.	20040	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPF	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>Ianchulev Tsontcho</u>					2. Issuer Name and Ticker or Trading Symbol EYENOVIA, INC. [EYEN]								(Che	5. Relationship of Repo (Check all applicable) X Director			ting Person(s) to Issue				
(Last)	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/14/2023									Officer (give title Other (specif below) below)				specify			
C/O EYENOVIA, INC. 295 MADISON AVENUE, SUITE 2400				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) NEW YO	ORK NY	7 1	10017													Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, ins satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficia	lly Own	ed					
(Date	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)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Ownership				
									Code	v	Amount	(A) (D)	or	Price	Transa	ction(s) 3 and 4)			(Instr. 4)		
Common	Stock, par	value \$.0001		04/14/2	2023				S		40,000(1)	I	D	\$4.5	48	31,211		D			
Common Stock, par value \$.0001														60	606,667		I	By Private Medical Equity, Inc. ⁽²⁾			
Common Stock, par value \$.0001															6	6,000		I .	By The Meliora Trust ⁽²⁾		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Conversion or Exercise (Instr. 3) 2. Conversion Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)				saction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of		nstr.	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code V (A) (D)		(D)	Date Exercis	able	Expiration Date	Title	of Shar									

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 23, 2022.
- 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.

04/17/2023 /s/ Tsontcho Ianchulev

** Signature of Reporting Person

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.