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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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>					E	2. Issuer Name and Ticker or Trading Symbol EYENOVIA, INC. [EYEN]									5. Relationship of Reportir (Check all applicable) Director			g Person(s) to Issuer 10% Owner		
(Last) (First) (Middle)						Date 6 /12/2	of Earliest 2024	Transa	action (Mo	onth/C	Day/Year)			Officer (give title below)		Other (specification)	pecify			
C/O EYENOVIA, INC. 295 MADISON AVENUE, SUITE 2400					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street) NEW YO	eet) W YORK NY 10017												Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)	- R	Rule 10b5-1(c) Transaction Indication 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	ole I - Nor	n-Deriv	vativ	e Se	curities	s Acc	quired,	Disp	osed o	f, or	Bene	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month)					ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.						Securities Beneficially Owned Follo		6. Own Form: I (D) or II (I) (Inst	Direct c ndirect E rr. 4) C	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)	
Common Stock, par value \$.0001 06/1					2/202	/2024		A		61,481	61,481 ⁽¹⁾ A		\$0	409	409,933		D			
Common Stock, par value \$.0001														606	606,667		I I	By Private Medical Equity, Inc. ⁽²⁾		
Common Stock, par value \$.0001														6,000		I		By The Meliora Γrust ⁽²⁾		
		-	Table II -								sed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (8)		5. Number 6		6. Date Ex Expiration (Month/Da	Date	of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i O F Ily D o (I	0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisab		xpiration ate	Title	1	Amount or Number of Shares						
Stock Option (right to	\$0.65	06/12/2024			A		85,106		(3)	0	6/12/2034	Com	nmon ock	35,106	\$0	85,100	6	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 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.
- 3. 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/ Tsontcho Ianchulev

06/14/2024

** 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.