



Robert Greenberg, M.D., Ph.D.

President and Chief Executive Officer

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Legal Notices

The issuer has filed a registration statement (including a prospectus) with the SEC for the offering to which this communication relates. Before you invest, you should read the prospectus in that registration statement and other documents the issuer has filed with the SEC for more complete information about the issuer and this offering. You may get these documents for free by visiting EDGAR on the SEC web site at www.sec.gov. The issuer, any selling agent or any dealer participating in the offering will arrange to send you the prospectus if you request it by calling 310-526-5000.

Forward-looking statements may address the following subjects among others: expected products, applications, customers, technologies and performance and our expectations concerning our business strategy. Forward-looking statements involve inherent risks and uncertainties which could cause actual results to differ materially from those in the forward-looking statements, as a result of various factors including those misks and uncertainties referred to in the risk factors section of the prospectus for the offering.

In this document, we refer to information regarding potential markets for products and other industry data. We believe that all such information has been obtained from reliable sources that are customarily relied upon by companies in our industry. However, we have not independently verified any such information.

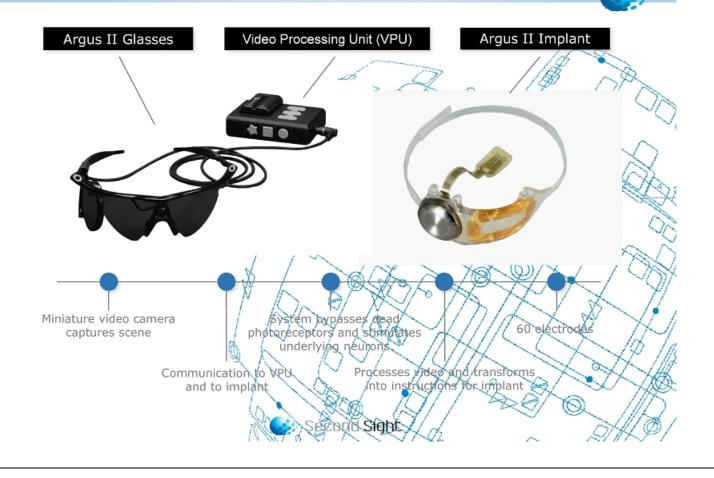
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Second Sight's Technology Platform

CNN Video: 'Bionic eye' lets blind man 'see' again



The Argus[®] II System – A 25 Year Journey.



Experienced Management and Board

Decades of Experience Creating Value from Disruptive Technology

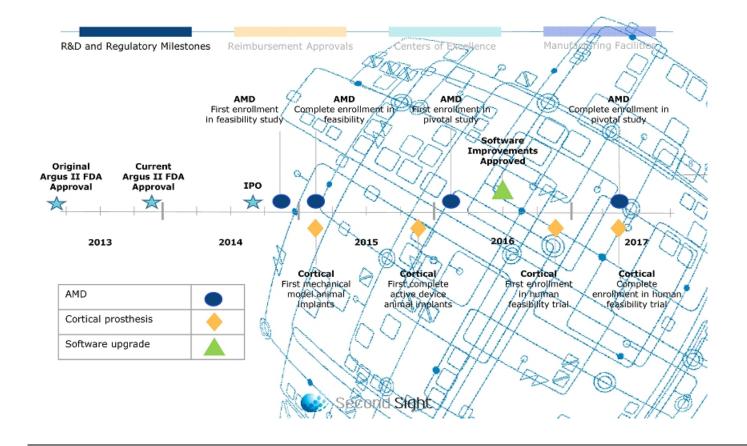
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Robert Greenberg		Alfred E. Mann		2	
President, Chief Executive Officer & Director		<i>Chairman of the Board of Directors & Founder</i>		Õ	
 Co-managed the Alfred E. Mann Foundation Served as lead reviewer for IDEs and 510(k)s at the Office of Device Evaluation at FDA 		 Directs MannKind Corporation Served as CEO of MiniMed (acquired by Medtronic) and Pacesetter Systems; Co-CEO of Advanced Bionics Corporation 		d (acquired etter	
William J. Link	Aaron N	1endelsohn	Gregg V	Villiams	
Director	Director	r & Founder	Dire	ector)>>>
 Co-founder and managing director of Versant Ventures Founded and served as Chairman and CEO of Chiron Vision Experienced ophthalmology investor 	of Adva • Founde	on the board anced Bionics and director i, sold to nic	Director of	al Corporation General anufacturers	
<u> </u>	Seco	nd signt		A	B

Significant Addressable Markets

8 million patients l	39 million people are egally blind globa	5201 H	entable causes
Market/Indication	Retinitis Pigmentosa (RP)	Age Related Macular Degeneration (AMD)	Other untreatable causes
Global addressable market per indication	375,000	2,000,000	5,800,000

R&D	 Argus II applicable to AMD with minor modifications Software upgrade (resolution enhancement) R&D in development Cortical stimulation device (similar to Argus II) in development
Regulatory	 Argus II approved in the US and EU for subset of RP patients First mover advantage Clinical path for AMD similar to RP Established precedent for direct cortical stimulation
Reimbursement	 US reimbursement milestones achieved and coverage progressing EU Reimbursement approved in Germany and France European journal article persuasively covers economic rationale in support of reimbursement at current pricing
Operating Centers of Excellence	 North America - 10 centers and discussions with additional 14 centers EU - 10 centers and discussions with additional 15 centers Centers of Excellence model accommodates accelerating demand (steady state targets 200-300 centers globally)
Manufacturing Scalability	 Current facility can accommodate annual production of ~1200 units/year Product cost decreases with volume
	Speedd Stight

Key Anticipated Milestones



Reimbursement Is Growing

Validated economic rationale and coverage progress

Manufactoring Faci

R&D and Regulatory Milestones Reimbursement Approvals Centers of Excellence

"This economic evaluation shows that Argus II is a cost-effective intervention compared to usual care of the RP patients. The lifetime analysis incremental cost per ratios (ICERs) for Argus II falls below the published societal willingness to pay of EuroZone countries."

Research Article, BMC Ophthalmology, 2014, The cost-effectiveness of the Argus II retinal prosthesis in Retinitis Pigmentosa patients; Anil Valdva, Elio Borgonovi et al

Argus II candidates are primarily Medicare Beneficiaries

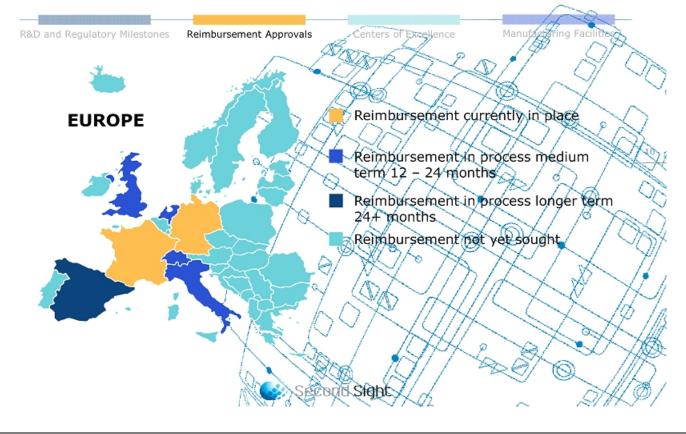
In the <u>United States</u>, we have achieved many of our reimbursement objectives: •Medicare has assigned codes for the device and surgical procedure (CPT, ICD-9-CM, HCPCS). •Obtained Transitional Pass-through payment from Medicare for the device. •Established coverage with Palmetto, several Medicare Advantage & Commercial payers

In Europe, Germany and France national governments are reimbursing the device.

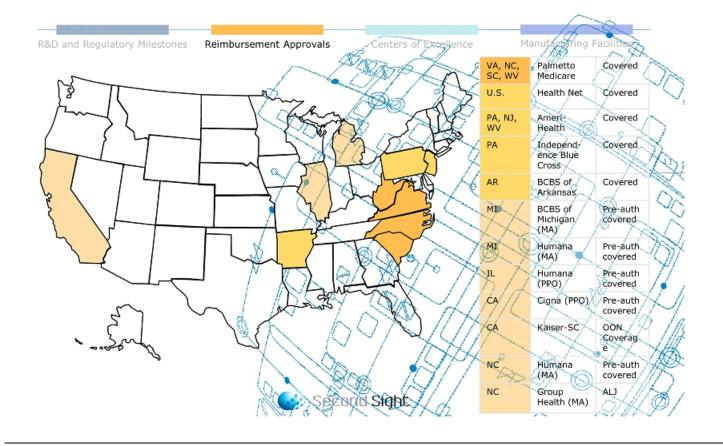
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European Reimbursement

Geographical Footprint



US Reimbursement



Operating Centers Worldwide

Centers are actively implanting and/or recruiting patients to schedule their Argus II retinal prosthesis surgeries

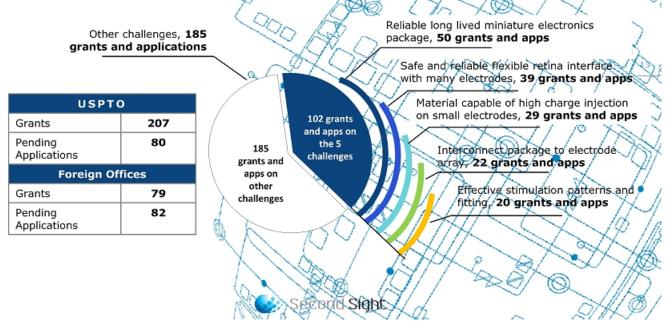
North America	Germany	France
Kellogg – Univ. Michigan	University Aachen	CHU Bordeaux
Univ. Southern California	University Cologne	CHU Strasbourg
Toronto Western Hospital	University Hamburg	CHNO des XV-XX (Paris)
Wills Eye – Philadelphia	University Lübeck	X MA WA
Duke Eye Center	City Karlsruhe	Saudi Arabia
Texas Retina Assoc. – Dallas	Clinic Sulzbach	King Khaled Eye Specialist
Bascom Palmer-Univ. Miami	• 10 gualified and active co	
Wilmer – Johns Hopkins	We are in discussions wit	enters in the EU/Middle East.
University of Illinois Chicago	We are in discussions wit	th 15 more centers.
University of Minnesota	Asia partnerships anticip Second Sight	ated as technology platform matures.

Patent Estate



Large portfolio creates significant barriers to entry

We solved five very difficult technical problems that no other company has solved. Our patent portfolio contains a large number of claims covering these solutions:



Dominant industry position for the foreseeable future

Technology	Status	Country
Alpha IMS, a modified cochlear implant with light sensor and subretinal electrodes	 CE mark granted No FDA approval Yet to be commercialized Most devices reported to fail within 3-9 months post-implant 8 hour surgical procedure Requires clear eye optics and cannot be easily adapted to cortical stimulation 	Germany
IRIS (Intelligent Retinal Implant System), implant with electrodes placed epiretinally	 No CE mark No FDA approval Yet to be commercialized Employs optical data link, requiring clear optics. Cannot be easily adapted to cortical stimulation 	France
STS prosthesis, a cochlear implant-like device with electrodes placed in scleral pocket	 No CE mark No FDA approval Yet to be commercialized Current implant tested for a few months in two subjects 	Japan
Bio-Retina, implant designed to use the eye's own optical system	 No CE mark No FDA approval Yet to be commercialized No human implantation 	Israel
	Alpha IMS, a modified cochlear implant with light sensor and subretinal electrodes IRIS (Intelligent Retinal Implant System), implant with electrodes placed epiretinally STS prosthesis, a cochlear implant-like device with electrodes placed in scleral pocket Bio-Retina, implant designed to use the eye's	Alpha IMS, a modified cochlear implant with light sensor and subretinal electrodes• CE mark granted • No FDA approval • Yet to be commercialized • Most devices reported to fail within 3-9 months post-implant • 8 hour surgical procedure • Requires clear eye optics and cannot be easily adapted to cortical stimulationIRIS (Intelligent Retinal Implant System), implant with electrodes placed epiretinally• No CE mark • No CE mark • No FDA approval • Yet to be commercialized • Yet to be commercialized • STS prosthesis, a cochlear implant-like device with electrodes placed in scleral pocket• No CE mark • No CE mark • No FDA approval • Yet to be commercialized • Employs optical data link, requiring clear optics. • Cannot be easily adapted to cortical stimulationSTS prosthesis, a cochlear implant-like device with electrodes placed in scleral pocket• No CE mark • No FDA approval • Yet to be commercialized • Structurent implant tested for a few months in two subjectsBio-Retina, implant designed to use the eye's own optical system• No CE mark • No FDA approval • Yet to be commercialized • No FDA approval • Yet to be commercialized

Software Update to Argus II

•Substantial resolution enhancement without the need to increase number of electrodes.

•Well-established paradigm – current steering to control neuronal stimulation between the physical location of the 60 electrodes.

•Pulse parameters shown in vivo to produce more focal phosphenes.

Acuboost zoom image processing has produced 20/200 visual acuity in the clinic.

•Milestone: Q2 2016, Regulatory approval of software improvements

Applying Argus II to AMD patients

Large addressable market requiring no change to Argus II
 Preliminary evidence Argus II will be effective by Tanguay at USC
 Milestone: Q2 2017, Completion of enrollment in pivotal study

Developing Orion I for Direct Cortical Stimulation

Sight

•Very large addressable market/requiring relatively minor changes to Argus II
•Precedent for cortical stimulation paradigm in multiple academic groups
•Precedent for clinical approval of brain stimulation devices
•Milestone: Q2 2017, Completion of enrollment in human feasibility study

Software Upgrades



Resolution enhancement without adding electrodes

- Controlling the relative stimulation applied to adjacent electrodes can produce spatial patterns of stimulation between electrodes ("virtual electrodes").
- Potential resolution enhancement: 10x 100x at the pixel level.
- · Large body of work to draw upon in cochlear implant technology.
- Capital efficient path to resolution enhancement.
- · Key variables:
 - · Relative pulse amplitude in adjacent electrodes;
 - Pulse shape;
 - Pulse duration.

From Bonham and Litvak, "Current Focusing and Steering," Hearing Research 247 (2008), 141-153

nd Sight

Preliminary data indicating Argus II will be an effective treatment for AMD

Experimental work conducted in Armand Tanguay Jr.'s lab

•Simulation of retinal prostheses in AMD patients leads to improved time to grasp a target object and ability to avoid obstacles to grasping a target.

•Simulation of retinal prostheses in AMD patients leads to improved functional depth task performance.

•Taken together, the simulations suggest that retinal prostheses in AMD patients may allow blind patients to perform daily tasks with more ease accuracy, and speed.

Our human experiments at Johns Hopkins produced phosphenes in two AMD patients.

These data provide experimental justification for Argus/I/being an effective treatment for AMD patients, Importantly, AMD disease progression destroys central vision and leaves some peripheral vision.

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Expanding into Direct Cortical Stimulation

The Orion I device – low development risk, 5 million+ patients

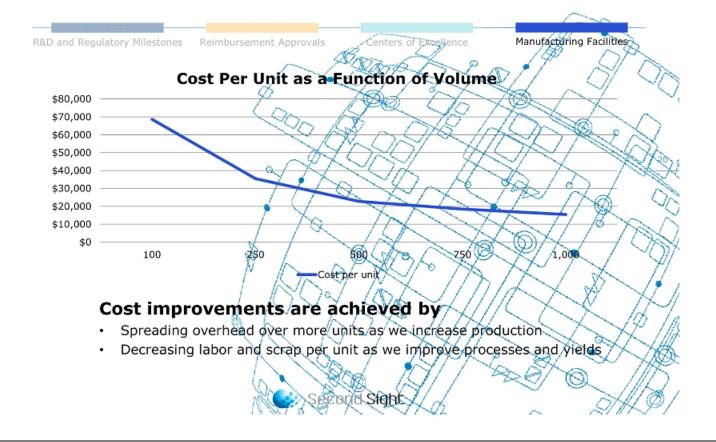
Our objective in designing and developing the Orion™1 visual prosthesis is to bypass the optic nerve and directly stimulate the visual cortex, the part of the brain responsible for vision.

Risks mitigated:

- Orion I requires only minor modifications to the Argus II device.
- Direct cortical stimulation to restore vision previously demonstrated by multiple academic groups including Brindley, Dobelle, and NIH researchers.
- Clinical precedent FDA approval recently obtained by NeuroPace for the NeuroPace RNS System, a brain cortex neurostimulation device for the treatment of epilepsy.



Facilities and Manufacturing



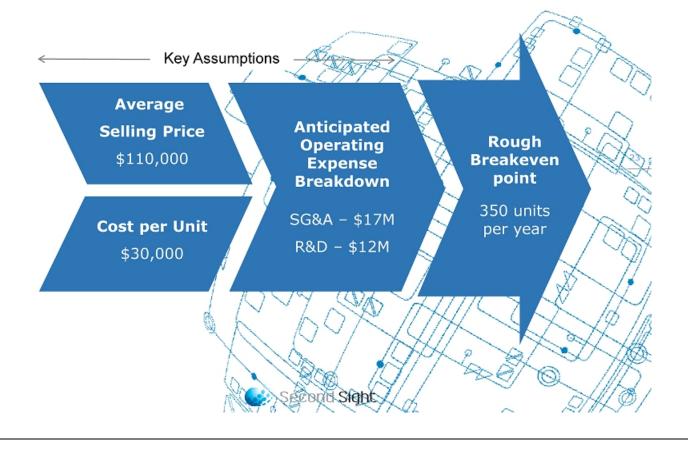
The Offering

Public Offering Price	\$9.00 per share	
Expected Proceeds*	\$36,225,000.	Dr
Common Stock Offered*	4.025 million shares of common stock.	0
Long Term Investor Right	The formula to determine the amount of common stock to be issued on a Long Term Investor Right, which shall not exceed one share of common stock per Long Term Investor Right, will be: (i) 200% of the Offering Price minus (ii) the highest average of consecutive closing prices over any 90 calendar day period on the principal exchange during the two years after the closing date of this offering (the "Measurement Average"), divided by the Measurement Average.	A A CHAN
* Assuming underwriter's fu	III exercise of overallot ment option	° HBI

Based on an IPO of 3,500,000 shares at \$9.00 per share

	Current	Post-IPO	%
Common Stock Outstanding (1)	31,081,442	31,081,442	77.0%
Shares Issued in the Offering (2)		4,025,000	10.0%
Share Total	31,081,442	35,106,442	
Company Valuation @ \$9/share	279,732,978	315,957,978	
Options Outstanding (3)	3,267,882	3,267,882	8.1%
Warrants Outstanding	1,180,766	1,985,766	4.9%
Fully Diluted Share Total (2)	35,514,352	40,360,090	100.0%
 (1.) Including common stock issuable upon conversion of c (2.) Include shares issuable upon exercise of underwriter's (3) Includes 2,521,748 options outstanding as of August 3 	overallotment option.	THE C	

Rough Breakeven Analysis



Potential Value Inflection Points



Major Awards & Recognition



