FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  Porter Lisa Ellen  (Last) (First) (Middle)					Issuer Name and Ticker or Trading Symbol     Vivani Medical, Inc. [ VANI ]      Date of Earliest Transaction (Month/Day/Year)     01/19/2023								below)			10% Owner Other (specifi below)		
(Street) EMERYVILI		9	4608 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv	Chief Medical Officer  Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Т	able I - Nor	-Deriv	ative S	ecuriti	es Ac	quired, [	Disp				ned					
Date					Saction 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transac Code (In 8)		r. (A) ar			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Date, To Country (Instr. or Exercise (Month/Day/Year) if any			Code	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)  7. Title and Amot Securities Under Derivative Securi 3 and 4)			derlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares		Transactio	on(s)			
Common Stock Option	\$1.27	01/19/2023		A		80,000		01/19/2024	.(1)	01/19/2033	Common Stock	80,000	\$0	80,000	)	D		
Common Stock Option	\$1.27	01/19/2023		A		40,000		01/19/2024	(1)	01/19/2033	Common Stock	40,000	\$0	40,000	)	D		

## Explanation of Responses:

1. The stock options have a 10-year term and vest 25% at one-year and monthly for 36 months thereafter on an equal basis.

<u>/s/ Lisa E. Porter</u> <u>01/23/2023</u>

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).