(City)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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).

(State)

(Zip)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

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

10b5-1(c). See Inst							
1. Name and Address Williams Greg	of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol <u>Vivani Medical, Inc.</u> [VANI]	(Check	tionship of Reporting Pe all applicable) Director	rson(s)	to Issuer
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/05/2023		Officer (give title below)	Λ	Other (specify below)
C/O 5858 HORTON ST, SUITE 280 (Street) EMERYVILLE CA 94608			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	idual or Joint/Group Filin Form filed by One Ro Form filed by More th	eporting	Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities A Disposed Of (D			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	09/05/2023		P ⁽¹⁾		4,997	A	\$0.93	21,180	D	
Common Stock	09/06/2023		P ⁽¹⁾		14,570	Α	\$0.94	35,750	D	
Common Stock	09/07/2023		P ⁽¹⁾		33,700	A	\$0.94	69,450	D	
Common Stock								13,677,308	I	See footnote ⁽²⁾

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	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

Explanation of Responses

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions on the open market. The reporting person undertakes to provide to Vivani Medical, Inc. (the "Issuer"), any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased in each transaction set forth in this footnote.
- 2. In addition to the shares Mr. Williams purchased directly in his name on the open market Mr. Williams owns 13,677,308 shares indirectly as follows: (i) 11,551,556 shares of common stock owned by Gregg G. Williams 2006 Trust, (ii) 1,212,856 shares of common stock owned by Sam Williams Family Investments LLC, and (iv) 731,309 shares of common stock owned by Sam B. Williams 1995 Generation-Skipping Trust. Greg Williams has voting and dispositive power over all of these shares.

/s/ Gregg Williams

09/07/2023

** 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.