## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
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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).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e Responses)																	
Name and Address of Reporting Person   McGuire Jonathan Will				2. Issuer Name and Ticker or Trading Symbol SECOND SIGHT MEDICAL PRODUCTS INC [EYES]								_x_ D	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner _X_ Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 12744 SAN FERNANDO ROAD, SUITE 400				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2019								Chief Executive Officer						
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								_X_ For	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
SYLMAR (City)	<u> </u>	(State)	(Zip)				Tab	le I - N	Non-D	)erivat	ive Securit	ties A	Acquired Di	isnosed of	or Renefic	rially Owned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if		3. Tra	3. Transaction 4. Secu				quired of (D	d 5. Amo Owned	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership	7. Nature of Indirect Beneficial		
				(Mont	h/Da	ay/Yea		ode	V	Amou	(A) or (D)	Pri	(Instr. 3 and 4)		or Indirect (D) Ownership (Instr. 4)  nstr. 4)			
Common S	Stock		05/20/2019				N	M		11,8′ (1)	75 A	\$ 0	131,9	131,955			)	
Common S	ommon Stock 05/21/2019					,	S		3,86′ (2)		\$ 0.83	501 128,0	28,088		1	)		
			Table II					equire	this fo curre ed, Dis	orm a ntly v sposed	re not rec alid OMB of, or Ben	quire con eficia	ed to respo trol number ally Owned	nd unles		n contained n displays a	iii SEC	1474 (9-02)
1 Title of	2.	3. Transaction	3A. Deemed	(e.g., p	uts,	5. Nu					tible secur	rities		Amount	9 Drigg of	9. Number o	10.	11. Natu
1. Title of Derivative Security (Instr. 3)				Transaction of Deri Code Securit			rivative ities ired (A) sposed 3, 4,	ivative (Month/Day/Year)  Expiration Date (Month/Day/Year)  Sec (Inspiration Date (I				of Underlyi Securities	Underlying Derivative		Derivative Securities Beneficially Owned Following Reported Transaction(s)	Owners Form of Derivati Security Direct ( or Indirect)	hip of Indire Benefici Ownersl (Instr. 4)	
				Code	v	(A)	(D)	Date Exer	cisable	e	Expiration Date	ı	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4	)
Resrticted Stock	\$ 0	05/20/2019		М				08/1	17/20	16 <sup>(3)</sup>	08/17/20	019	Common Stock	11,875	\$ 0	11,875	D	

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
McGuire Jonathan Will 12744 SAN FERNANDO ROAD SUITE 400 SYLMAR, CA 91342	X		Chief Executive Officer					

## **Signatures**

/s/ John T. Blake, Attorney-in-fact	05/22/2019
**Signature of Reporting Person	Date

## **Explanation of Responses:**

\* 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).
- (1) 11,875 shares of common stock acquired upon partial vesting and release of common stock from restricted stock units (RSUs).
- (2) 3,867 shares were sold to satisfy the tax withholding obligations on partial vesting and release of common stock from RSUs.
- (3) RSUs were granted on 8/17/2015 and vest over a 4 year term, with 25% of the total number of units vesting on the first anniversary of the grant date and thereafter vesting in 12 equal quarterly installments of 6.25% of the total number of units.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.