## FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average by	urden 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 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

Name and Address of Reporting Person * Williams Gregg			2. Issuer Name and Ticker or Trading Symbol SECOND SIGHT MEDICAL PRODUCTS INC [EYES]				_X_ Di	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director Officer (give title below) Other (specify below)						
(Last) 12744 SAN 1	FERNANI	(First) DO ROAD, SUIT		3. Date of 06/04/20		ansaction	n (Month/Day/Yea	ar)						
SYLMAR, C	(Street)  4. If Amendment, Date Original Filed(Month/Day/Year)  A 91342			_X_ Form	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person  _Form filed by More than One Reporting Person									
(City)		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Securi (Instr. 3)	ity		2. Transaction Date (Month/Day/Yea	r) any	eemed tion Date, i n/Day/Year	Code (Instr.	(A) or (Instr.	urities Acquired Disposed of (E 3, 4 and 5)  (A) or ant (D) Property (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Owned 1	5. Amount of Securities Beneficially Owned Following Reported Transaction (Instr. 3 and 4)		ansaction(s) Ov Fo Di or (I)	wnership of Born: Born: O Indirect (Indirect (	Nature Indirect eneficial wnership nstr. 4)
			Table II				currently va	e not required lid OMB cont of, or Beneficia	d to respon rol number lly Owned	d unless			SEC 14	74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. Nur Deriva Securi Acqui	warrants nber of tive ties red (A) posed of	this form ar currently va	e not required lid OMB cont of, or Beneficia tible securities) ble and	d to respon rol number lly Owned	Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Natu of Indire Beneficia
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	5. Nur Securi Acqui or Dis (D) (Instr.	varrants. her of tive ties red (A) possed of 3, 4,	this form ar currently va uired, Disposed of options, convert 6. Date Exercisal Expiration Date	e not required lid OMB cont of, or Beneficia tible securities) ble and	7. Title and of Underlyin Securities	Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Williams Gregg 12744 SAN FERNANDO ROAD SUITE 400 SYLMAR, CA 91342	X	X				

#### **Signatures**

/s/ John T. Blake, Attorney-in-fact	06/05/2019
**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) The stock options have a 10-year term and fully vest on the earlier of annual grant date anniversary or the date of the next annual shareholder's meeting.
- (2) Awarded as compensation for serving on the Board of Directors and its committees.

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.