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 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

	pe Response														
1. Name and Address of Reporting Person * McGuire Jonathan Will (Last) (First) (Middle) 12744 SAN FERNANDO ROAD, SUITE 400 (Street) SYLMAR, CA 91342			2. Issuer Name and Ticker or Trading Symbol SECOND SIGHT MEDICAL PRODUCTS INC [EYES] 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2018 4. If Amendment, Date Original Filed(Month/Day/Year)						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director						
										Chie	f Executive (Officer			
								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 Acqu					s Acqui	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) Common Stock 05/31/2018		D	ate	2A. Deemed Execution Datany		(Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	unt of Securities ially Owned Following d Transaction(s)		6. Ownership Form:	Beneficial
				(Month/Day/Year)		Code V		V Amor	Amount (D) P		(Instr. 3 a	and 4)		` /	Ownership (Instr. 4)
		5/31/2018			A		10,5 (1)	10,582 A	\$ 1.156	107,700		D			
Reminder:	Report on a s	separate line for e	ach class of secur	rities beneficial	lly ow	vned d	F	Persons v	ho respo			ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line for e	Table II - 1	Derivative Sec	curiti	es Acc	F c t	Persons vontained the form of	rho respo in this fo isplays a	orm are curre	not requesting ntly valid	uired to res OMB con	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of		3. Transaction	Table II - 1 (3A. Deemed Execution Da an)		curiti s, wa ttion	es Acc errants	quireces, optimer attive ties red sed sed 3,	Persons vontained the form of	tho responding this for isplays a lof, or Be retible sectoricisable ion Date	neficial urities) 7. To Amo	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nat of Indin Benefit Owners (Instr. 4

Reporting Owners

	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	06/01/2018	
**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) Shares acquired under the 2015 Employee Stock Purchase Plan (ESPP)

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.