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

1	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* <u>ROGERS MICHAEL W</u>							⁻ Name a r da Corj		ker or Tradin PSDV]	g Symbo	bl		heck all appli	onship of Reporting Pe all applicable) Director		erson(s) to Issuer 10% Owner		
(Last) C/O PSI	ast) (First) (Middle) O PSIVIDA CORP.				3. Date of Earliest Transaction (Month/Day/Year) 12/15/2017										Officer (give title below)		Other (spec below)	
480 PLEASANT STREET						lf Ame	endment,	Date	of Original Fil	ed (Mon	ith/Da		6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WATERTOWN MA 02472					_								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																	
Da				Date	saction n/Day/Yo	ear)	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispose Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4 ;		Benefici Owned	es ally Following	Form (D) o	r Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code V	/ Am	ount (A) or (D) F		Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	ate, Transact Code (Ins					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Own s Forn illy Direc or In g (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expira Date	tion	Title	Amount or Number of Shares	1				
Employee Stock Option (right to buy)	\$1.77	12/15/2017			А		20,000		06/27/2018	06/27/2	2027	Common Stock	20,000	\$0.00	20,00	0	D	

Explanation of Responses:

(1)

1. Each deferred stock unit represents the right to receive one share of the common stock of pSivida Corp. (the "Company").

2. Subsequent to the vesting of the deferred stock units, the deferred stock units will be settled in shares of the Company's common stock upon the earliest to occur of: (i) the reporting person's termination of service on the Company's Board of Directors and (ii) the occurrence of a "change in control" (as defined in the applicable award agreement) that constitutes a "change in the ownership or effective control of" the Company or "a change in the ownership of a substantial portion of the assets of" the Company, in each case, as determined under Section 409A of the Internal Revenue Code of 1986, as amended, and the regulations issued thereunder.

06/27/2018

Remarks:

Deferred

Stock

Units

/s/ John Mercer, Attorney-in-	-
Fact	

Commor

Stock

12/19/2017

12,500

D

** Signature of Reporting Person

12,500

\$0.00

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).

12/15/2017

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

Α

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.

12,500

Date