FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| wasnington, | D.C. | 20549 |
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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

OMB APPROVAL

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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* | | | | 2. Issuer Name and Ticker or Trading Symbol pSivida Corp. [PSDV] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
|--|-------------------------|----------|----------|---|--|-----------------|-----|---|-----------------|---|------------|---|------------------------|---|--|--|---|--|----------|------------|
| <u>Lurker Nancy</u> | | | 1 | porvida Corp. [Fody] | | | | | | | | X Dire | | ctor | | 10% Owner | | | | |
| (Last) | (Last) (First) (Middle) | | | 3. D | Date of Earliest Transaction (Month/Day/Year) | | | | | | | \dashv | X Officer (give below) | | | | Other below) | (specify | | |
| C/O PSIVIDA CORP. | | | | 06/14/2017 | | | | | | | | President and CEO | | | | | | | | |
| 480 PLEASANT STREET | | | | | | | | | | | | | | | | | | | | |
| | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) WATERT | OWN N | 1A (|)2472 | | | | | | | | | | | | X | Forn | n filed by One | e Report | ing Pers | on |
| | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | orting | |
| (City) | (; | State) (| Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | | and 5) Secur Benef | | icially d Following | 6. Own Form: I (D) or I (I) (Inst | Direct ndirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (| (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) |
| Common Stock 06/14/2 | | | | | 2017 | | | | P | | 56,700 | | A | \$1.70 | 63 ⁽¹⁾ | 56,700 | | I |) | |
| 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 Security 3. Transaction Date Execution if any (Month/Day/Year) (Month/D | | | on Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | f g Instr. 3 | | | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Evercis | ahle | Expiration | Titl | or Nu of | umber | | | | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.72 to \$1.80. The reporting person undertakes to provide pSivida Corp., any security holder of pSivida Corp., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

Remarks:

/s/ John Mercer, Attorney-in-

<u>Fact</u>

** Signature of Reporting Person

Date

06/14/2017

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.