## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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 $^{\star}$ $\underline{Mazzo\ David\ J}$					2. Issuer Name <b>and</b> Ticker or Trading Symbol pSivida Corp. [ PSDV ]									of Reportin cable) or	,			
	VIDA COR	P.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/15/2017									Officer (give title below)		Other (s below)	pecify
(Street) WATERTOWN MA 02472 (City) (State) (Zip)				4. If <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tab	le I - Non	-Deriva	ative	Sec	curities	s Ac	quired, D	isp	osed o	f, or Be	neficial	ly Owned	l			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					2A. Deeme Execution f any Month/Da	Date,	Code (Ins	Transaction Dis		Securities Acquired (A) posed Of (D) (Instr. 3, 4		Benefic Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code V	,	Amount	(A) or (D)	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 Day if any (Month/Day/	ate, Tr	ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year)		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	Owner Form Direct or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode V	,	(A)	(D)	Date Exercisable		kpiration ate	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$1.77	12/15/2017			A		20,000		06/27/2018	06	6/27/2027	Common Stock	20,000	\$0.00	20,00	0	D	
Deferred Stock	(1)	12/15/2017			A		17,500		06/27/2018		(2)	Common Stock	17,500	\$0.00	17,50	0	D	

## **Explanation of Responses:**

- 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.

## Remarks:

/s/ John Mercer, Attorney-in-

\*\* Signature of Reporting Person

Fact

12/19/2017

Date

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.