FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average I	nurden								

Check this box if no longer subject to 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 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

hours per response: 0.5

Name and Address of Reporting Person* Carroll David Francis						2. Issuer Name and Ticker or Trading Symbol IVERIC bio, Inc. [ISEE]										eck all appl Direct	ationship of Reporting all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (specify		
	(Last) (First) (Middle) C/O IVERIC BIO, INC. ONE PENN PLAZA, 35TH FLOOR							3. Date of Earliest Transaction (Month/Day/Year) 07/01/2019										below) below) SVP, CFO and Treasurer			
(Street) NEW Y(ORK N	Y	10119 (Zip)		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person												n			
		Tab	le I - Nor	n-Deriv	ative	Se	curit	ies Ac	quir	red, C	Disp	osed o	of, o	r Ben	eficial	ly Owne	d				
Date				2. Transa Date (Month/I		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		` cα	ransact ode (In					I (A) or . 3, 4 and	Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Co	ode	/	Amount		(A) or (D)	Price	Transac								
Common	Stock			07/01	/2019)			1	М		7,500)	A	(1)	16	,480		D		
Common	Stock			07/02	2/2019	9				S		2,773	(2)	D	\$1.2	5 13	13,707		D		
		Т										sed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	Date, Transacti Code (Ins		on of		6. Date Exercisab Expiration Date (Month/Day/Year)				Amo Secu Unde Deriv	r. 3 and	Security 4) Amount	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable		xpiration ate	Title		Amount or Number of Shares						
Restricted Stock	(1)	07/01/2019			м			7 500		(3)	0.0	5/30/2026	Com	mon	7.500	\$0.00	7 500	,	D		

Explanation of Responses:

- $1. \ Restricted \ stock \ units \ converted \ into \ common \ stock \ on \ a \ one-for-one \ basis \ upon \ vesting \ of \ the \ units.$
- 2. Represents shares automatically sold pursuant to the prespecified terms of the applicable Restricted Stock Unit Agreement to satisfy the reporting person's minimum statutory withholding obligations with respect to the income recognized by the reporting person upon the vesting of the restricted stock units on July 1, 2019.
- 3. On July 1, 2016, the reporting person was granted an award of 30,000 restricted stock units, which vests with respect to 25% of the shares subject to the award on each of the first, second, third and fourth anniversaries of the grant date, subject to continued employment with the issuer and the other terms and conditions under the issuer's 2013 Stock Incentive Plan.

07/03/2019 /s/ David F. Carroll

** Signature of Reporting Person 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.