FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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CIAL OWNERSHIP	OMB Number:	3235-0287				
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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 OWNERSH

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* Opaleye Management Inc.						2. Issuer Name and Ticker or Trading Symbol Tracon Pharmaceuticals, Inc. [TCON]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last) ONE BC								rliest Tra	/Day/Ye	ar)		**				(specify			
(Street) BOSTON MA 02108						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				
(City)	(\$	State)	(Zip)																
			Table I - N	lon-D	eriva	tive	Secu	rities	Acquire	d, Di	ispos	ed of, d	or Be	neficiall	y Owned	I			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,			Code (Transaction Dispos			Securities Acquired (A) or posed Of (D) (Instr. 3, 4 and			unt of ies ially Following	For (D)	ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amou	Amount (A) or (D) Price			Reporte Transa (Instr. 3	ction(s)			(Instr. 4)	
Common Stock, par value \$0.001 per share 09/29/				/29/20	022		P		9,4	9,400		\$1.7415	(2) 41	410,000		I	By Managed Account. ⁽¹⁾		
			Table I						cquired nts, opti						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 Da if any (Month/Day/N	Date,	Code (I				Expiration D	ate Exercisable a ration Date nth/Day/Year)		Securitie	and Amount of ties Underlying tive Security (Instr. 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		iration	Title		ount or nber of res					
Prefunded Warrants	\$0.01								08/27/2020	08/2	7/2030	Commor Stock	1,8	89,513(4)		1,889,51	.3	I	By Opaleye,L.P. ⁽³⁾
Prefunded Warrants	\$0.01								08/31/2020	08/3	1/2030	Commor Stock	1,3	58,593 ⁽⁴⁾		1,358,59)3	I	By Opaleye,L.P. ⁽³⁾
Prefunded Warrants	\$0.01								06/21/2022	06/2	1/2032	Common	2,2	05,018(4)		2,205,01	.8	I	By Opaleye,

${\bf Explanation\ of\ Responses:}$

- 1. Securities owned by a separately managed account (the "Managed Account"). As the portfolio manager of the Managed Account, Opaleye may be deemed to beneficially own the securities owned directly by the
- 2. The price reported above reflects the weighted average purchase price. This transaction was executed in multiple trades at prices ranging from \$1.72 to \$1.76; The reporting person undertakes to provide upon request by the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares purchased.
- 3. Represents securities owned directly by Opaleye, L.P. (the "Fund"). As the investment manager of the Fund, Opaleye Management Inc. may be deemed to beneficially own the securities owned directly by the Fund.
- 4. The warrants may not be exercised to the extent that such exercise would cause the reporting person and its affiliates to beneficially own more than 19.99% of the Issuer's then outstanding common stock.

Opaleye Management Inc., By: /s/ James Silverman, President

10/03/2022

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** 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.