FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OIVID APP	TOVAL
	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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					<u> </u>			00				0. 20								
1. Name and Address of Reporting Person* Brady Todd C				2. Issuer Name and Ticker or Trading Symbol Aldeyra Therapeutics, Inc. [ALDX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u> biady 10dd C</u>					and the state of t								X	Director			10% Ow	ner		
														_ X	Officer (give title		Other (s below)	pecify	
(Last)	`	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/03/2017									President and CEO					
C/O ALDEYRA THERAPEUTICS, INC.						03/03/2017									r resident and CEO					
131 HAI	RTWELL A	VENUE																		
					4. If	f Ame	endment, D	Date of	f Original F	iled	(Month/Da	y/Year))		dividual or Jo	oint/Group	Filing	(Check App	licable	
(Street)														Line)		ed by One	Danoi	rting Person		
LEXINO	GTON N	1A	02421											1	_	,		Ü		
															Person	ed by Mor	e man	One Report	ing	
(City)	(5	State)	(Zip)																	
		Та	ble I - Noi	n-Deriva	ative	e Se	curities	s Ac	quired,	Dis	posed c	of, or	Bene	eficially	Owned					
1. Title of	Security (Ins	tr. 3)		2. Transa	2A. Deemed Execution Date,			3. 4. Securities Acquired (A) of Transaction Disposed Of (D) (Instr. 3, 4									7. Nature of Indirect Beneficial Ownership (Instr. 4)			
(Month/D							,	Code (Instr.		2 O1 (B) (1115ti. 0, 4 ti		o, . aa o,	Beneficia Owned Fo	ally ((D) or Indirect (I) (Instr. 4)	Indirect				
						- [(Monthibay) real		7 07					Reported Transacti	d " ```			(1130.4)		
								Code	V	Amount (A)		A) or D)	Price	(Instr. 3 a	nd 4)					
Common Stock 03/03					3/2017		A		136,806(1)		06 ⁽¹⁾ A \$0.0		201,214			D				
			Table II -	Derivat	ive	Sec	urities	Acaı	uired. D	ispo	osed of	or B	enef	icially (Owned			,		
									, option											
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	se (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	ate, Tra	ransaction ode (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			of Sec Under Deriva	curities lying ative S	ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia	e Owr s Forr Ily Dire	Ownership Form: Direct (D)	Beneficia (D) Ownersh	
	Derivative Security											(Instr. 3 and 4)		4)		Owned Following Reported	ĭ	or Indirect (I) (Instr. 4)	(Instr. 4)	
													A	mount		Transactio (Instr. 4)	on(s)			
				Code	de \	v	(A)		Date Exercisabl		xpiration ate	Title	Ň	lumber f Shares						
Employee Stock																				
Option	\$5.1	03/03/2017		l A			250,000		(2)		3/02/2027	Comn	ion 2	250,000	\$0.00	250.00	oo 1	D		

Explanation of Responses:

- 1. Represents shares of common stock underlying a time-based restricted stock unit award (RSU). The RSU vests ratably in equal annual installments over a four-year period beginning on March 3, 2017, provided that the Reporting Person has provided continuous service to the Issuer through the applicable vesting date.
- 2. The shares subject to this option shall vest in equal monthly installments over the next 48 months of continuous service to the Issuer after January 1, 2017.

Remarks:

(Right to Buy)

/s/ Todd Brady

03/07/2017

** 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.