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CORPORATE REVIEW

Innovating Transformative Therapies

Disclaimers and Forward-Looking Statements

This presentation and various remarks which may be made during this presentation contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 and Section 21E of the Securities Exchange Act of 1934, as amended, including statements regarding Aldeyra's possible or assumed future results of operations, expenses and financing needs, business strategies and plans, research and development plans or expectations, trends, the structure, timing and success of Aldeyra's planned or pending clinical trials, expected milestones, market sizing, pricing and reimbursement, competitive position, regulatory matters, industry environment and potential growth opportunities, among other things. Forward-looking statements include all statements that are not historical facts and, in some cases, can be identified by terms such as "may," "might," "will," "objective," "intend," "should," "could," "can," "would," "expect," "believe," "anticipate," "project," "target," "design," "estimate," "predict," "potential," "plan" or similar expressions and the negatives of those terms.

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Our Mission

Developing Next-Generation Medicines to Improve the Lives of Patients with Immune-Mediated Diseases



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Suffer from some form of immune-mediated disease, and incidence is increasing



Disease control elusive despite existing therapies, and thus **novel approaches are needed**

Source: Lerner, Jeremias, and Matthias, International Journal of Celiac Disease, vol. 3, no. 4 (2015): 151-155; Shurin and Smolkin, Advances in Experimental Medicines and Biology 601:3-12, 2007; Kuek et al, Postgraduate Medical Journal 83(978): 251-260, 2007.

Deep and Innovative Pipeline Focused on Immune-Mediated Diseases

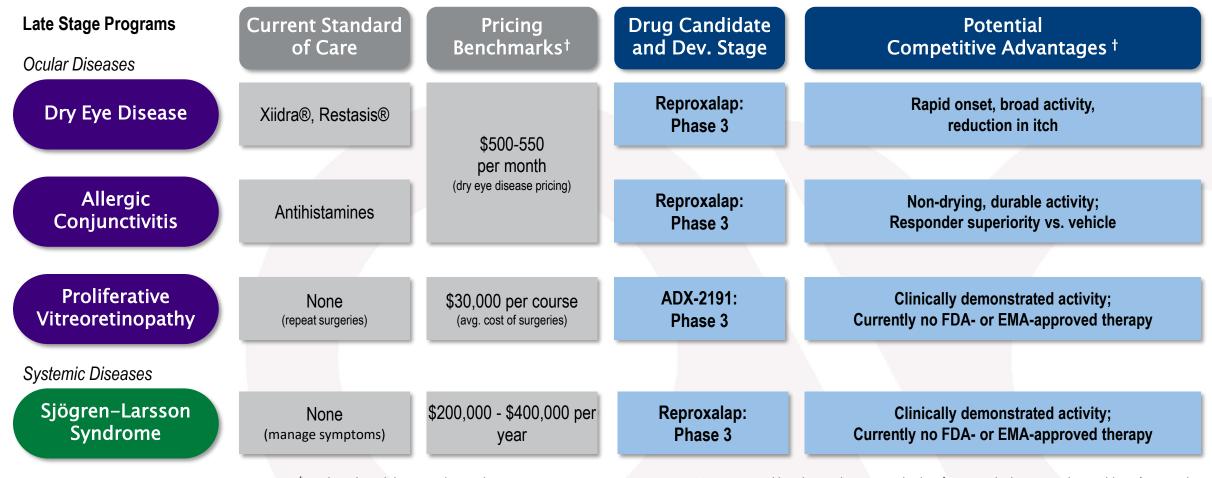
Disease Area	Compound	[Mechanism]	Indication	Preclinical	Phase 1	Phase 2	Phase 3	Next Anticipated Milestone
	Reproxalap	[RASP]	Dry Eye Disease					
			Allergic Conjunctivitis					
Ocular Diseases	ADX-2191	[DHFR]	Proliferative Vitreoretinopathy					Phase 3-Part 1 initiation H2 2019
	ADX-103	[RASP]	Retinal Disease					Phase 1/2 initiation 2020
	Undisclosed		Ocular Inflammation	Research	h Collaboratic	on (undisclose)	d)	
	Reproxalap	[RASP]	Sjögren-Larsson Syndrome				Ph	ase 3-Part 1 completion H2 2019
	ADX-1612	[СНР]	PTLD					Phase 2 initiation 2019
			Mesothelioma					Phase 2 initiation 2019
Systemic Diseases			Ovarian Cancer			Investigat	tor-Sponsored	t Trial
	ADX-629	[RASP]	Autoimmune Disease					Phase 1 initiation H2 2019
	ADX-1615	[СНР]	Autoimmune Disease / Cancer					
	Undisclosed	[RASP]	Systemic Inflammatory Disease	Research	h Collaboratic	on Janssen)		

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RASP Mechanism = Reactive Aldehyde Species Inhibitor DHFR Mechanism = Dihydrofolate Reductase Inhibitor CHP Mechanism = Chaperome Inhibitor PTLD = Post-Transplant Lymphoproliferative Disorder

Trial initiations contingent on funding, regulatory review, and other factors

Our Lead Programs May Offer Potential Benefits Over Standard of Care



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[†]Pending clinical data, regulatory discussions, payor negotiations, competition, potential legislative changes, and other factors, which may not be in Aldeyra's control. Preliminary assumptions are subject to change.

Source: Aldeyra internal estimates based on primary and secondary market research; published literature

Our Lead Programs May Offer Potential Benefits Over Standard of Care

Estimated U.S. Population [†]	U.S. Healthcare Providers	Competitive Value Proposition	Infrastructure Requirement [‡]
20 million DED Up to 10 million with DED & AC 30 million AC	~18,000 ophthalmologists and ~40,000 optometrists	Potential benefits over current therapies, which do not work well for many patients	Medium sized sales force for national reach
4,000	Retina specialists at targeted centers	Potential first and only Rx treatment	Small specialized operation
1,000	Geneticists and ped. neurologists	Potential first and only Rx treatment	Small specialized operation
	U.S. Population [†] 20 million DED Up to 10 million with DED & AC 30 million AC 4,000	U.S. Population†Providers20 million DED-18,000 ophthalmologists and ~40,000 optometrists30 million ACRetina specialists at targeted centers	U.S. PopulationtProvidersValue Proposition20 million DEDPotential benefits over current therapies, which and ~40,000 optometristsPotential benefits over current therapies, which do not work well for many patients30 million ACRetina specialists at targeted centersPotential first and only Rx treatment1 000Geneticists and ped.Potential first and only

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Preliminary assumptions are subject to change. Source: Aldeyra internal estimates based on primary and secondary market research; published literature

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- DRY EYE DISEASE
- ALLERGIC CONJUNCTIVITIS
- PROLIFERATIVE VITREORETINOPATHY

Ocular Disease Area

Dry Eye Disease: Persistently Disturbing Disease with Inadequate Therapy

Dry Eye Disease

Reproxalap



20 million or more adults in the U.S. suffer from DED



options

Reproxalap in DED



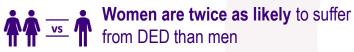
Early and consistent symptom and sign improvements in Phase 2b clinical trial

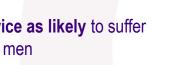


Broad symptom and sign improvements in Phase 2b clinical trial



DED increases with age, with those over age 50 three times more likely to suffer from DED







Up to

75%

Up to 50% of patients treated for DED with current therapies fail and discontinue

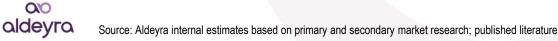
Up to 75% of patients with DED are not

satisfied with current prescription

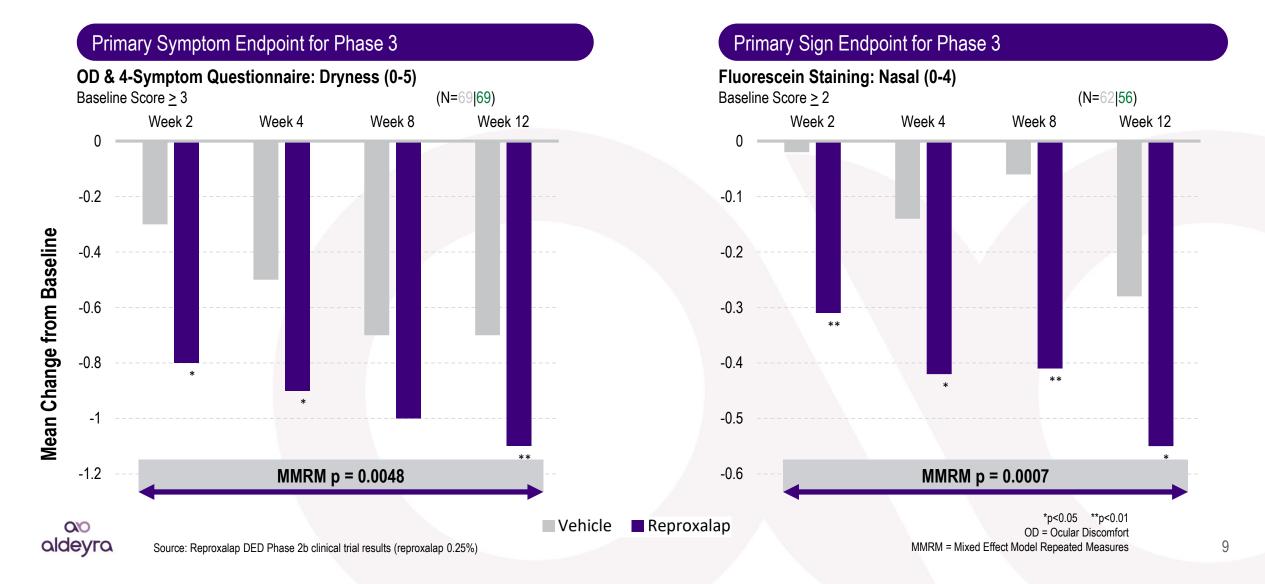


Significant negative quality of life impact

Underserved Patient Population

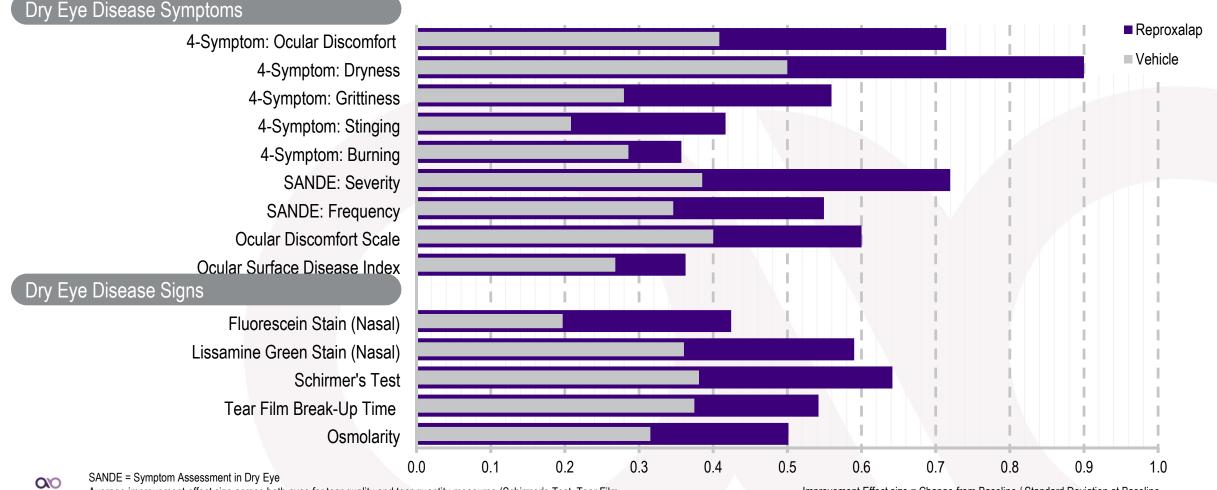


Dry Eye Disease Symptom and Sign Endpoints Achieved in Phase 2b Clinical Trial



Broad Pattern of Drug Activity Across Dry Eye Disease Symptoms and Signs Supports Differentiated Product Profile

Improvement Effect Size at Week 12



Average improvement effect size across both eyes for tear quality and tear quantity measures (Schirmer's Test, Tear Film Break-Up Time, and Osmolarity)

Improvement Effect size = Change from Baseline / Standard Deviation at Baseline Source: Reproxalap DED Phase 2b clinical trial results (reproxalap 0.25%)

Adaptive Phase 3 Dry Eye Disease Clinical Program

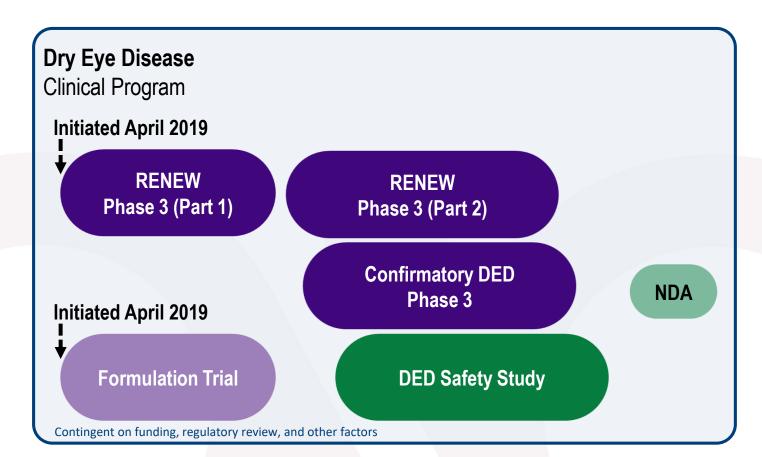
Adaptive Phase 3 Program

Confirm symptom and sign endpoints from Phase 2b trial

Confirm dosing regimen (QID vs. QID to BID taper)



Confirm sample size for subsequent trial



Adaptive design, co-primary endpoints, and innovative analysis strategy confirmed with FDA at EOP2 Meeting

DED = Dry eye disease BID = Two times daily QID = Four times daily EOP2 = End of Phase 2

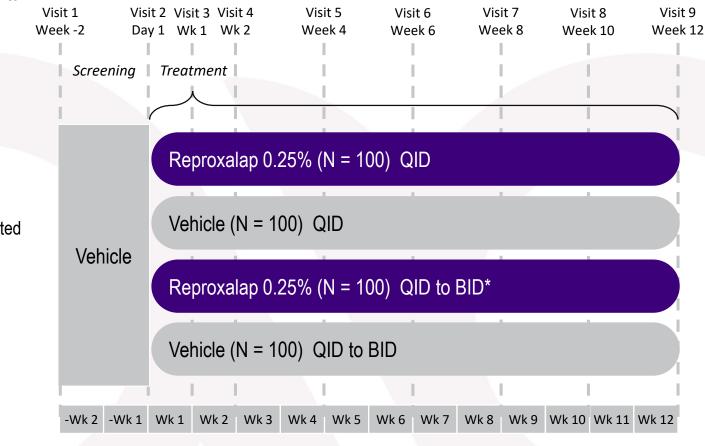
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RENEW Trial Design in Dry Eye Disease Adaptive Phase 3 (Part 1) Clinical Trial Initiated April 2019

- Primary objective:
 - Evaluate efficacy of reproxalap ophthalmic solution (0.25%) vs. vehicle to confirm dosing regimen and sample size for Part 2
- Inclusion/exclusion criteria:
 - Same as used for Phase 2b
 - Moderate to severe dry eye disease
- Co-primary endpoints:
 - Ocular dryness score (0-100mm VAS) and fluorescein nasal region staining
- Analysis strategy:
 - Both co-primary endpoints will be assessed using Mixed Model Repeated Measures (MMRM) from week 2 to week 12
 - Both co-primary endpoints will be assessed based on separate prespecified patient populations
 - Ocular dryness score (OD4SS): baseline score of ≥ 3
 - Fluorescein nasal staining: baseline score > 2

Phase 3 Dry Eye Disease Clinical Trial: Part 1





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- DRY EYE DISEASE
- ALLERGIC CONJUNCTIVITIS
- PROLIFERATIVE VITREORETINOPATHY

Ocular Disease Area

Allergic Conjunctivitis: A Common Disease with Unmet Medical Need

Allergic Conjunctivitis



Up to 30 million of **AC sufferers** in the U.S. **do not respond adequately** to or are **dissatisfied with antihistamines**



AC patients experience symptoms throughout all decades of adult life



AC can result in **acute**, **intermittent**, **and chronic** symptoms



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Significant **negative** quality of life impact



Many AC patients make significant sacrifices due to lack of drug activity



Antihistamines are not effective in an estimated 24% of treated AC patients



~2% of AC patients have severe symptoms and **may be corticosteroid-dependent**

Underserved Patient Population

Reproxalap in AC



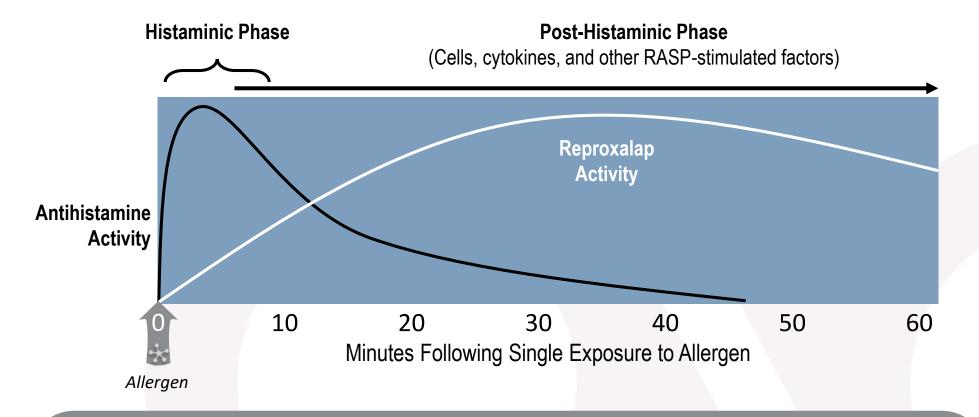
Clinically significant and durable symptom response in Phase 3 clinical trial

Reproxalap



Active in post-histaminic allergy, for which no drug is approved

Novel Mechanism of Action has the Potential to Provide Differentiated Activity Versus Antihistamines

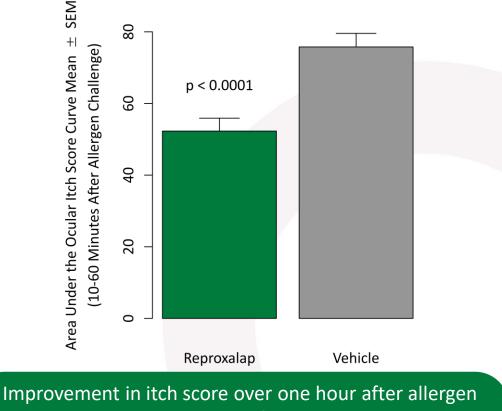


Reproxalap has the potential to be uniquely effective in post-histaminic allergy, which affects all allergic conjunctivitis patients

Reproxalap Showed Greater and More Durable Clinical Responses vs. Vehicle Group in ALLEVIATE Phase 3 Clinical Trial

Primary Endpoint

Area Under the Curve: Ocular Itch Score (0-4) 10 to 60 Minutes After Allergen Challenge

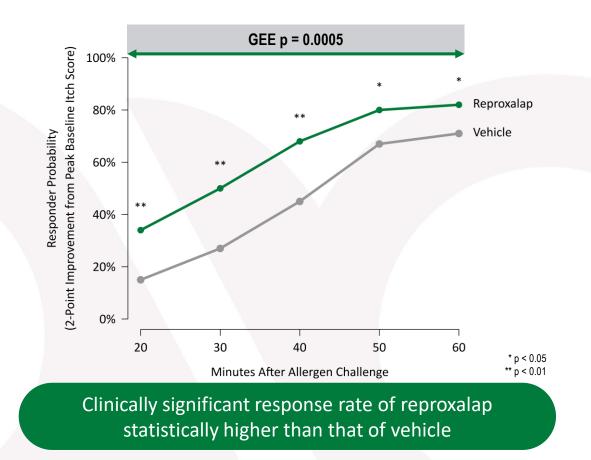


exposure statistically greater for reproxalap vs. vehicle

SEM = Standard error of the mean

Key Secondary Endpoint

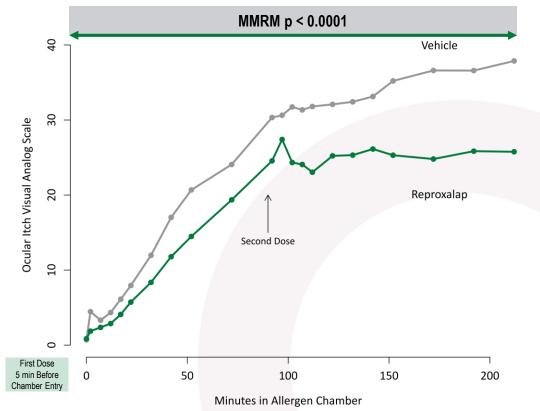
Probability of Two-Point Response: Ocular Itch Score (0-4)



GEE = Generalized estimating equation analysis

Reproxalap Showed Greater and More Durable Clinical Responses vs. Vehicle in Allergen Chamber Clinical Trial

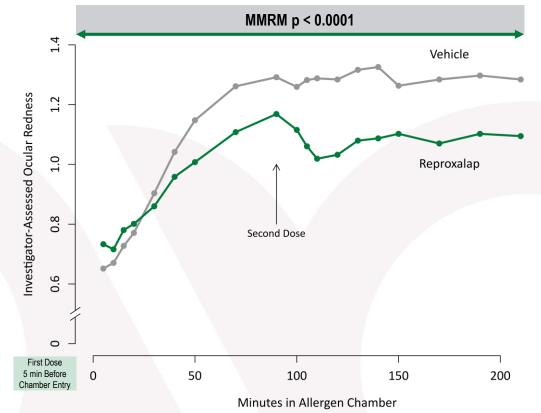
Ocular Itch Score (0-100) During 3.5 Hours of Allergen Exposure



Statistically significant reduction in ocular itch vs. vehicle for more than three hours of exposure to allergen

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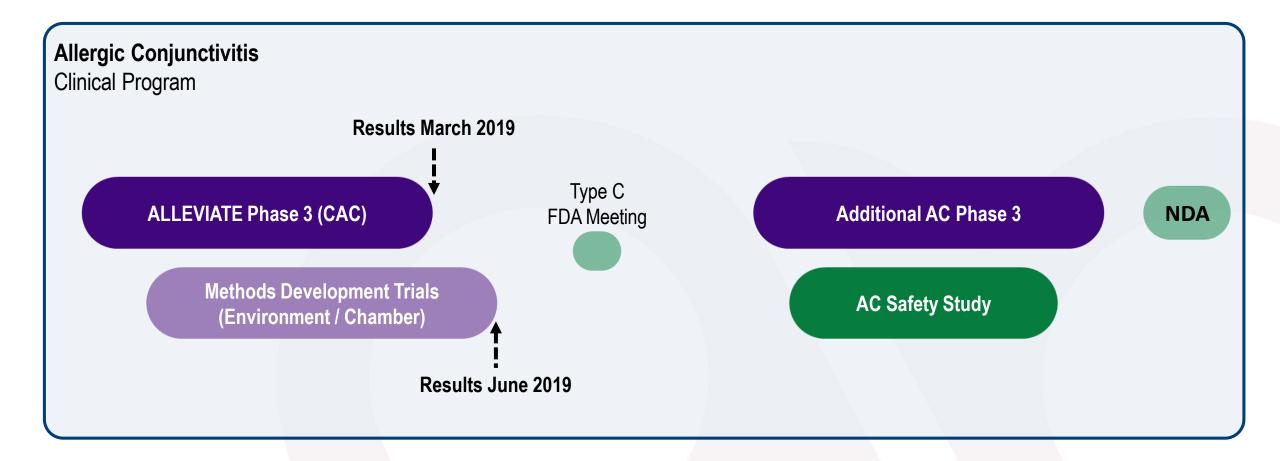
Ocular Redness Score (0-4) During 3.5 Hours of Allergen Exposure



Statistically significant reduction in ocular redness vs. vehicle for more than three hours of exposure to allergen

MMRM = Mixed Effect Model Repeated Measures

Allergic Conjunctivitis Phase 3 Clinical Program Design Elements





Contingent on funding, clinical results, regulatory review, and other factors.

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- DRY EYE DISEASE
- ALLERGIC CONJUNCTIVITIS
- PROLIFERATIVE VITREORETINOPATHY

Ocular Disease Area

Proliferative Vitreoretinopathy: A Rare Sight-Threatening Retinal Disease With No Approved Therapies

Proliferative vitreoretinopathy



PVR is a **rare disease**, with ~4,000 patients per year in the U.S. and nearly twice as many in Europe and Japan



Left untreated, retinal detachment due to PVR can progress to permanent blindness



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No FDA- or EMA-approved therapy

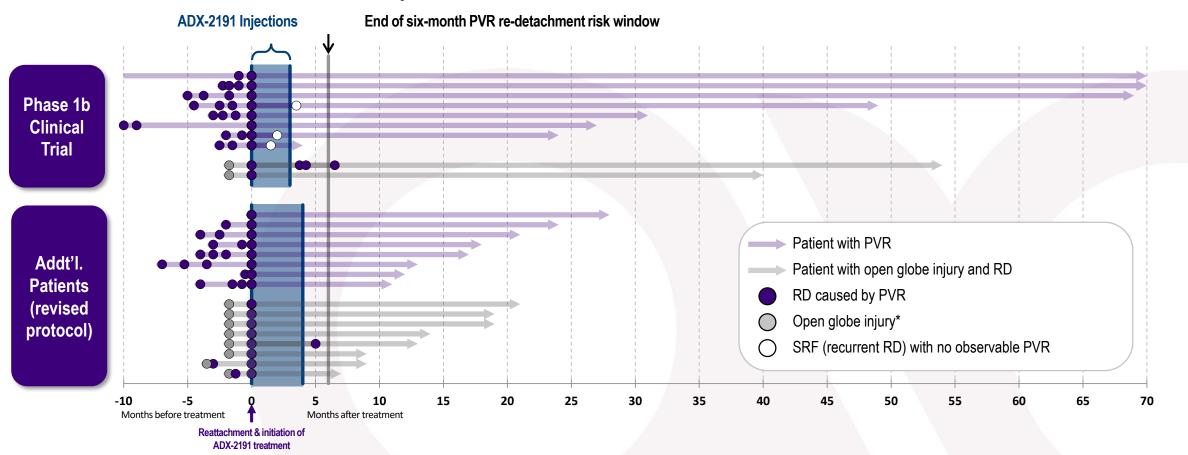
Repeat surgery and subsequent **vision loss** currently the only possible course of action

ADX-2191

- A novel approach and potential therapeutic breakthrough in PVR treatment
- Granted U.S. orphan designation for the prevention of PVR
- Tolerability and reattachment success during study period demonstrated in Phase 1b open-label investigator sponsored clinical trial
- Adaptive Phase 3 clinical trial expected to initiate H2 2019

ADX-2191

ADX-2191 Reduced Recurrent Retinal Detachment in Investigator Sponsored Phase 1b Clinical Trial and in Additional In-Practice Use



Retinal Detachments Over Time by Patient

•*Timing of open globe injury as shown is estimated. Typically 6-8 weeks prior to reattachment & initiation of ADX-2191.
There is no assurance that prior results, such as signals of safety, activity or durability of effect, observed from this open label investigator sponsored trial will be replicated in more rigorous trials involving ADX-2191
Source: ADX-2191 PVR Phase 1b investigator sponsored clinical trial (n=10) results and additional in-practice use (n=16)

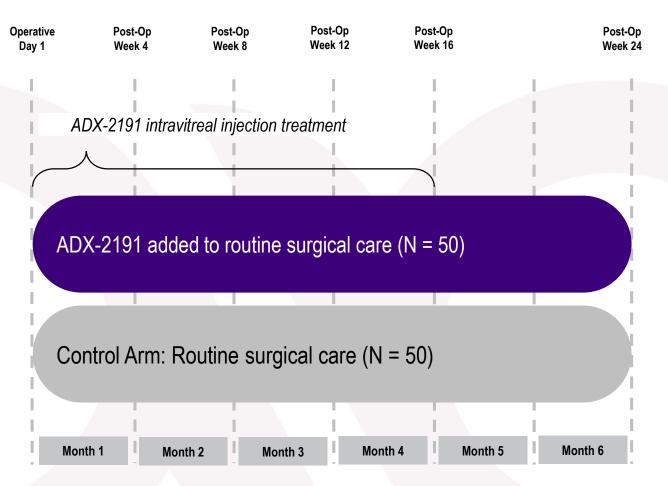
RD = Retinal detachment PVR = Proliferative vitreoretinopathy SRF = Subretinal fluid

2

ADX-2191: Adaptive Phase 3 (Part 1) Proliferative Vitreoretinopathy Clinical Trial Design*

- Primary objective:
 - Evaluate efficacy of intravitreal ADX-2191 injections for prevention of recurrent retinal detachment due to proliferative vitreoretinopathy (PVR)
- Design:
 - Multi-center, non-masked, randomized, controlled, two- part, adaptive Phase 3 clinical trial
- Inclusion highlights:
 - Recurrent retinal detachment due to PVR, or
 - Retinal detachment associated with open-globe trauma
- Dosing regimen:
 - At surgery, weekly (x8), and then every other week (x4) intravitreal ADX-2191 injections
- Endpoint:
 - Retinal re-detachments due to PVR requiring re-operation within 6 months:
 - 1. OCT demonstrating fovea-off retinal detachment
 - 2. Photographic documentation retinal detachment

Adaptive Phase 3 PVR Clinical Trial Design: Part 1





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SJÖGREN-LARSSON SYNDROME

Systemic Disease Area

Sjögren-Larsson Syndrome: A Rare RASP-Mediated Disease with No Approved Therapy

Sjögren-Larsson Syndrome



SLS is a **rare disease caused by an enzyme mutation** (Fatty Aldehyde Dehydrogenase), with ~1,000 SLS patients in the U.S. and a greater number in Europe



Severe symptoms significantly impacts SLS patient and caregiver quality of life



No FDA- or EMA-approved therapy



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Nonstop disease burden prevents normal patient/caregiver life, with hours devoted to managing painful scaling, monitoring, & care

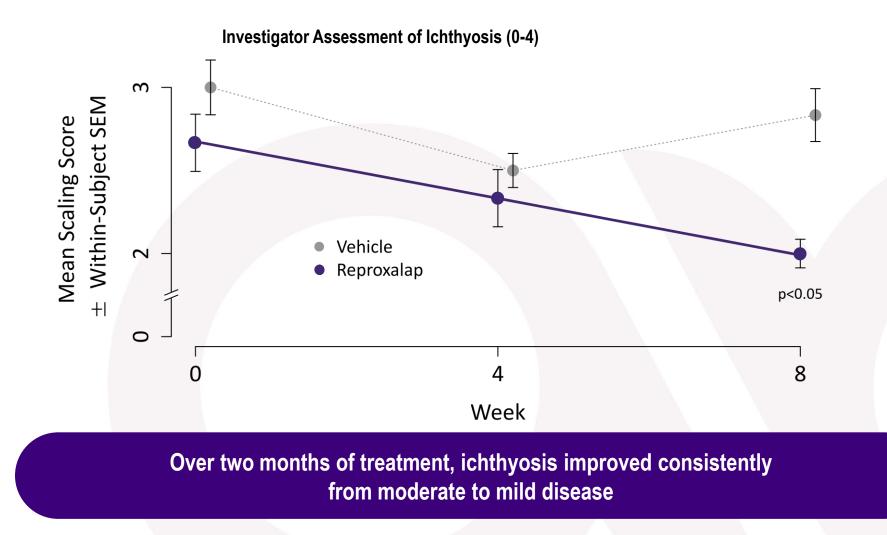
Reproxalap

- A novel approach and potential lifelong therapy to replace missing enzymatic activity in SLS
- Granted U.S. orphan designation for the treatment of congenital ichthyosis (primary symptom of SLS)
- Significantly reduced SLS ichthyosis in a randomized, vehiclecontrolled Phase 2 clinical trial
- RESET Part 1 Phase 3 clinical trial completion expected H2 2019

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Reproxalap

Reproxalap Demonstrated Clinically Relevant and Consistent Activity in Phase 2 Clinical Trial



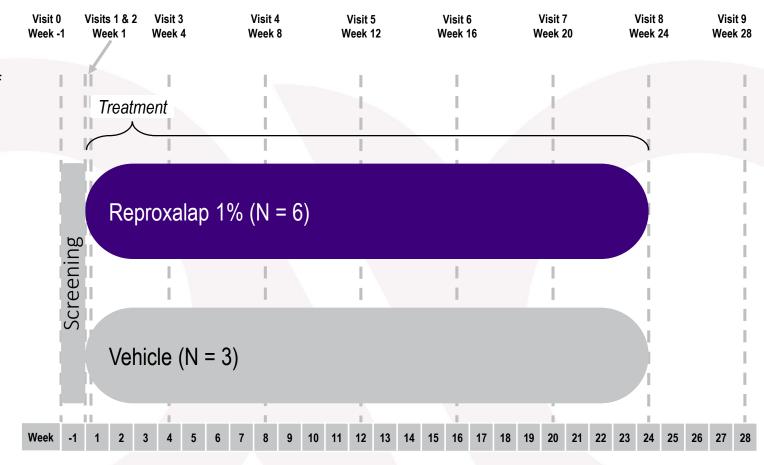
oldeyro Source: Reproxalap SLS Phase 2 clinical trial results (6 patients per arm; reproxalap 1%)

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RESET Trial Design in Sjögren-Larsson Syndrome Phase 3 Part 1 Clinical Trial Initiated July 2018

- Primary objective:
 - Evaluate efficacy of reproxalap topical dermal cream (1%) for the treatment of SLS associated ichthyosis
- Inclusion/exclusion highlights:
 - Genetically confirmed diagnosis of SLS and at least 3 years of age or older
 - Active ichthyosis grade <a>2 on the VIIS scaling score
 - No systemic or topical retinoids or other topical medications with in the past 30 days prior to baseline visit 1
- Dosing regimen:
 - Weeks 1-12: 20% of Body Surface Area (BSA)
 - Weeks 13-20: 40-45% of BSA
 - Weeks 21-24: 90% of BSA
- Endpoints:
 - Baseline ichthyosis change in drug-treated subjects
 - Safety / tolerability
- Completion expected H2 2019

Phase 3 SLS-Ichthyosis Study: Part 1

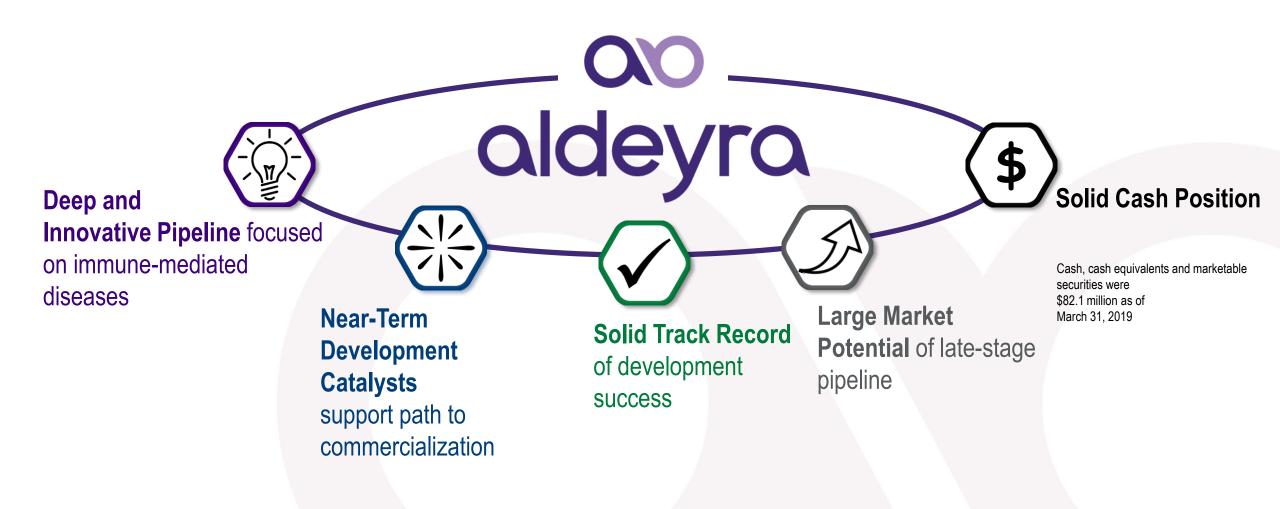


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Building The Future





Our Lead Drug Candidates Are Protected and Well Positioned

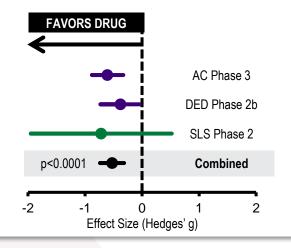
Reproxalap

- Worldwide rights, royalty free
- **Composition of matter IP through 2033** (with Hatch-Waxman extension) and extensive additional patent protection
- FDA Orphan drug designation for the treatment of congenital ichthyosis (primary symptom of SLS)
- Meta analysis strongly supports drug activity

Bars represent 95% confidence intervals. Between-

(OD & 4 Symptom Score) in DED, area under the curve ocular itch in AC, and scaling in SLS.

group comparisons used for vehicle controlled trials (DED, AC, SLS). Results based on dryness

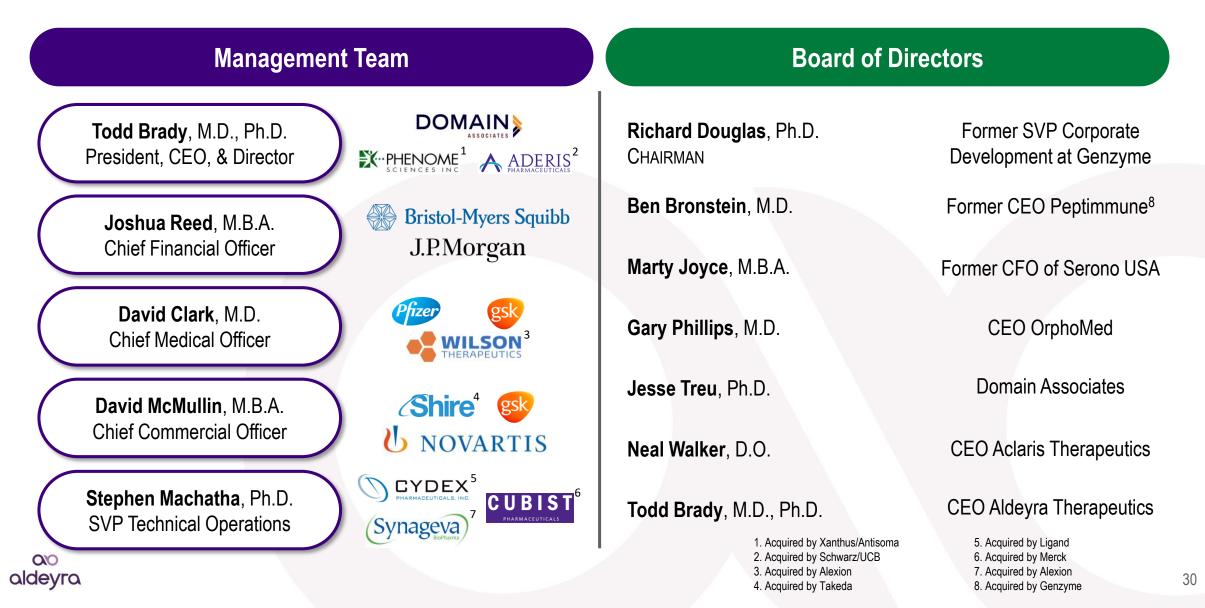


ADX-2191

- Worldwide rights
- FDA 505(b)(2) approval pathway
- Methods of use (therapeutic and delivery) IP and additional patent work ongoing
- FDA Orphan drug designation for the prevention of PVR
- If approved, ADX-2191 has the potential to be the only approved form of the drug for use in the eye
- U.S. **Drug Quality and Security Act** prohibits the compounding of approved drugs



Experienced Management Team and Board of Directors



Expected Development Milestones:* Novel Approaches to Address Immune-Mediated Disease

Ocular Diseases: Anticipated Milestones



Positive reproxalap ALLEVIATE Phase 3 clinical trial results March 2019



Reproxalap dry eye disease RENEW Phase 3 clinical trial program initiation April 2019



ADX-2191 Proliferative Vitreoretinopathy Phase 3 clinical program initiation H2 2019



Remaining clinical requirements for potential allergic conjunctivitis NDA to be confirmed H2 2019

Systemic Diseases: Anticipated Milestones



Reproxalap Sjögren-Larsson Syndrome RESET Phase 3-Part 1 clinical trial completion H2 2019



ADX-629 Phase 1 clinical trial initiation H2 2019 followed by NASH and/or IBD Phase 2a



ADX-1612 post-transplant lymphoproliferative disorder **Phase 2 clinical trial initiation 2019**



ADX-1612 mesothelioma Phase 2 clinical trial initiation 2019

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