FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-02										

OMB Number:	3235-028				
Estimated average burde	en				
hours per response:	0.				

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

1. Name and Address of Reporting Person* <u>Phillips Gary M.</u>					2. Issuer Name and Ticker or Trading Symbol Aldeyra Therapeutics, Inc. [ALDX]									of Reportin cable) or	g Pers	son(s) to Iss			
(Last) (First) (Middle) C/O ALDEYRA THERAPEUTICS, INC. 15 NEW ENGLAND EXECUTIVE PARK							2014		saction (Mor			6.1	X Director 10% Owner Officer (give title below) Other (specify below) Individual or Joint/Group Filing (Check Applicable)						
(Street) BURLINGTON MA 01803					_										X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	itate)	(Zip)																
		Tak	le I - Nor	n-Deri	vativ	e Se	curities	s Ac	quired, D	Disp	osed o	f, or Be	neficial	ly Owne	k				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,			Code (Instr. 5)					Benefic Owned	es ially Following	Form (D) o	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		Reporte Transac (Instr. 3	ction(s)				
Common Stock 05/07/				07/201	/2014			P		9,375	9,375 A		9	9,375		D			
		•	Table II -						uired, Di					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 Date if any (Month/Day/Ye	Date,	Code (I		of		6. Date Exe Expiration I (Month/Day	Date		nd 7. Title and Al of Securities Underlying Derivative Se (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares	ber					
Employee Stock Option (Right to	\$8	05/07/2014			A		12,166		(1)	0	5/06/2024	Common Stock	12,166	\$0.00	12,16	6	D		

Explanation of Responses:

 $1.\ Exercisable\ in\ equal\ annual\ installments\ over\ three\ years\ of\ continuous\ service\ after\ May\ 7,\ 2014.$

Remarks:

/s/ Gary Phillips

05/08/2014

** 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.