FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

to Section obligat	this box if no lotion 16. Form 4 ions may contition 1(b).	or Form 5	STA		l pursua	ant to	Section	n 16(a	) of the	Secur	NEFICIA ities Exchang ompany Act o	e Act o	of 1934	RSHIP	Es	MB Numb stimated a ours per re	average bu	3235-0287 rden 0.5
1. Name and Address of Reporting Person* PERCEPTIVE ADVISORS LLC				2. Issuer Name <b>and</b> Ticker or Trading Symbol Aldeyra Therapeutics, Inc. [ ALDX ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner					
(Last) 51 ASTO	(Fii	rst) (I , 10TH FLOOR	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/04/2022							Officer (give title Other (specify below) below)						
(Street) NEW Y(			0003 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person  X Form filed by More than One Reporting Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/			on	on 2A. Deemed Execution Date,			quired, Disposed of, or Benefi 3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			ed (A) or	or 5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
Common Stock 08/04/20			)22				Code P	v	Amount 95,100	(A) or (D)	Price	Transac (Instr. 3	tion(s)		т	See		
			ive Se	Ve Securities Acquests, calls, warrants, 4. Transaction Code (Instr. 8)  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		p 95,100  lired, Disposed of, options, convertibl  6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date		or Beneficially le securities)  7. Title and Amount of Securities		Ily Owne		ive ies cially ing ed ction(s)	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)				
1	1. Name and Address of Reporting Person*  PERCEPTIVE ADVISORS LLC																	

	ss of Reporting Person <sup>*</sup> E ADVISORS L	
(Last) 51 ASTOR PLA	(First) CE, 10TH FLOOR	(Middle)
(Street) NEW YORK	NY	10003
(City)	(State)	(Zip)
PERCEPTIV FUND LTD (Last)	ss of Reporting Person*  E LIFE SCIENC  (First)  CE, 10TH FLOOR	
(Street) NEW YORK	NY	10003
(City)	(State)	(Zip)
1. Name and Address	ss of Reporting Person* OSEPH	
(Last) 51 ASTOR PLA	(First) CE, 10TH FLOOR	(Middle)
(Street)		

NEW YORK	NY	10003			
(City)	(State)	(Zip)			

## **Explanation of Responses:**

1. The reported price is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$5.83 to \$6.30 inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the SEC, upon request, full information regarding the number of purchased at each separate price within such range.

2. The securities are directly held by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"). Perceptive Advisors LLC (the "Advisor") serves as the investment manager of Master Fund. Joseph Edelman is the managing member of the Advisor. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

/s/ Joseph Edelman - for Perceptive Life Sciences Master Fund Ltd., By:

Perceptive Advisors LLC, its 08/08/2022

investment manager, By:

<u>Joseph Edelman, its managing</u>

/s/ Joseph Edelman - for

Perceptive Advisors LLC, By:

Joseph Edelman, its managing

<u>08/08/2022</u>

member

/s/ Joseph Edelman

08/08/2022

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).