FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	$D \subset$	20549
vasilliquui,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPI	OMB APPROVAL									
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

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]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023								Officer below)	er (give title v)		Other (spelow)	pecify	
C/O ALDEYRA THERAPEUTICS, INC. 131 HARTWELL AVENUE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) LEXINGTON MA 02421					Form filed by M Person											One Repor	rting		
(City) (State) (Zip)				$ $ $ $ $ $ $ $	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Nor	n-Deriv	ative	Sec	curities	s Ac	quired, D	ispose	d o	f, or Be	neficial	ly Owned	ŀ				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Da			Code (Ins	on Disp		ities Acquir d Of (D) (Ins		Benefici Owned F	es ally Following	Form:	Direct Cluber of tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	V Amo	ount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)					
		T							uired, Dis s, options					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/	ate	nd	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	Downership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expirati Date	on	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$8.39	06/30/2023			A		21,222		(1)	06/29/20	033	Common Stock	21,222	\$0.00	21,222		D		
Stock Option (Right to Buy)	\$8.39	06/30/2023			A		1,829		(2)	06/29/20)33	Common Stock	1,829	\$0.00	1,829		D		
Stock Option (Right to Buy)	\$8.39	06/30/2023			A		1,372		(3)	06/29/20)33	Common Stock	1,372	\$0.00	1,372		D		

Explanation of Responses:

- 1. Exercisable with respect to 100% of the shares on the one-year anniversary of the grant date, provided that the Reporting Person provides continuous service as a member of the Board of Directors of the Issuer through the applicable vesting date.
- 2. Exercisable with respect to 100% of the shares on the one-year anniversary of the grant date, provided that the Reporting Person provides continuous service as a member of the Compensation Committee of the Board of Directors of the Issuer through the applicable vesting date.
- 3. Exercisable with respect to 100% of the shares on the one-year anniversary of the grant date, provided that the Reporting Person provides continuous service as a member of the Audit Committee of the Board of Directors of the Issuer through the applicable vesting date.

/s/ Gary Phillips

07/05/2023

** 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.