SEC For	m 4 FORM	А) STA	TES	SE		ITIE		E	ХСНА	NGE C	юмм	ISS	ION				
	JNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													(OMB APPROVAL				
Section 16. Form 4 or Form 5 obligations may continue. See					NT OF CHANGES IN BENEFICIAL OWNE ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										OMB Number: Estimated average hours per response				235-0287 0.5
1. Name and Address of Reporting Person* JOYCE MARTIN JOSEPH					2. Issuer Name and Ticker or Trading Symbol <u>Aldeyra Therapeutics, Inc.</u> [ALDX]									5. Relationship of Re (Check all applicable X Director			le)		ner
(Last) (First) (Midd C/O ALDEYRA THERAPEUTICS, INC 131 HARTWELL AVENUE					06/0	3. Date of Earliest Transaction (Month/Day/Year) 06/08/2021									below)	(give title	below)		
(Street) LEXINGTON MA			02421	4. If <i>i</i>	Line) X Form fi								Joint/Group Filing (Check Applicable iled by One Reporting Person iled by More than One Reporting 1						
(City)	(City) (State) (Zip)																		
		Tab	ole I - Nor						-	Disp				-					
Date				2. Transa Date (Month/E		ur) E:	2A. Deemed Execution Date, if any (Month/Day/Yea		Transaction I Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		str. 3, 4 an	nd Securitie Beneficia Owned F Reported		es Form ally (D) o Following (I) (Ir d		n: Direct o or Indirect I nstr. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	t (A) or P			Transaction(s) (Instr. 3 and 4)				
		-	Table II - I						uired, Di , options					y Ow	ned				
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		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exerci Expiration Da (Month/Day/Y		able and	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					ode \	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$12.97	06/08/2021			A		13,534		(1)	0	6/07/2031	Common Stock 13,53		\$	0.00	13,534		D	
Stock Option (Right to Buy)	\$12.97	06/08/2021			Α		408		(2)	0	6/07/2031	Common Stock	408	\$(0.00	408		D	
Stock Option (Right to Buy)	\$12.97	06/08/2021			A		1,750		(3)	0	6/07/2031	Common Stock	1,750	\$	0.00	1,750		D	
	n of Bochone																		

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 Nominating/Corporate Governance 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.

Remarks:

/s/ Martin Joyce

** Signature of Reporting Person

06/10/2021 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.