FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
-	hours ner resnonse.	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

							, .				p : 7 : 101								
1. Name and Address of Reporting Person* Phillips Gary M.						2. Issuer Name and Ticker or Trading Symbol Aldeyra Therapeutics, Inc. [ALDX]								Relationship on the contract of the contract o	cable)	oorting Person(s) to Issuer			
	,	HERAPEUTICS,	(Middle)		06	3. Date of Earliest Transaction (Month/Day/Year) 06/07/2022								below)	Officer (give title below)		Other (s below)		
(Street) LEXINGTON MA 02421 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefice							Lin	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person Formally Owned					
1. Title of Security (Instr. 3) 2. Transar Date						2A. Deemed Execution Date,			3. 4. Securities A Transaction Disposed Of (I			ies Acquired (A) or Of (D) (Instr. 3, 4 a		5. Amount of Securities		6. Ownership Form: Direct		7. Nature of Indirect	
(Month/D				Day/Ye	lay/Year) if any (Month/Day/Year		· ·	v	Amount (A) or (D)			Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)			
			Table II - D						uired, Di					Owned				<u> </u>	
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/Year	ate, T	4. Transactic Code (Inst				6. Date Exercisabl Expiration Date (Month/Day/Year)		ble and 7. Title and Amof Securities		es J Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e Owners s Form Direct or Inc	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				С	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$3.6	06/07/2022			A		53,812		(1)	06	5/06/2032	Common Stock	53,812	\$0.00	53,812	2	D		
Stock Option (Right to Buy)	\$3.6	06/07/2022			A		4,639		(2)	06	5/06/2032	Common Stock	4,639	\$0.00	4,639		D		
Stock Option (Right to Buy)	\$3.6	06/07/2022			A		3,479		(3)	06	5/06/2032	Common Stock	3,479	\$0.00	3,479		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

Remarks:

/s/ Gary Phillips

06/09/2022

** 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.