FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

11. Nature of Indirect Beneficial Ownership (Instr. 4)

See Footnote⁽¹⁾

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

51 ASTOR PLACE, 10TH FLOOR

(Street)

Instruc	tion 1(b).			Filed	l pursu or S	ant to Section	Section 30(h)	on 16(a	a) of the	Secu	rities Exchang	e Act of f 1940	1934			ars per i	езропзе.	0.5
1. Name and Address of Reporting Person* PERCEPTIVE ADVISORS LLC (Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR			2. Issuer Name and Ticker or Trading Symbol Aldeyra Therapeutics, Inc. [ALDX] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner															
				3. Date of Earliest Transaction (Month/Day/Year) 05/03/2021								Officer (give title Other (specify below) below)						
(Street) NEW YORK NY 10003 (City) (State) (Zip)			4. If	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						
(Oity)	(50			lon Dorive)	Coou	ritio		auiro	4 D:	ionocod of	or D	nofici	ally Own				
1. Title of	Security (Ins		: I - IV	2. Transaction Date (Month/Day/	on	2A. De Execuif any (Month	emed tion D	i Date,	3. Transa Code 8)	action	4. Securities Disposed Of 5)	Acquired	i (A) or	5. Amou Securitie Benefici Owned I	nt of es ally Following	Form (D) or	nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common	Stock			05/03/20)21				P		1,200,000	A	\$12.5	5 9,90	3,879		I	See Footnote ⁽
		Ta	ble II								posed of, o				d		,	
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execurity or Exercise (Month/Day/Year) if a		Exec if any	Deemed cution Date,	4. Transac Code (Ir		5. Number		f 6. Da Expi (Mor				and t of ies ying ive y (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	re es ally ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Benefic Owners t (Instr. 4)
					Code	v	(A)	Ť	Date Exer	cisable	Expiration Date		Amount or Number of Shares					
		Reporting Person ADVISORS I																
(Last) 51 AST((First)	(1	Middle)		_												
(Street) NEW Y	ORK	NY	1	.0003														
(City)		(State)	(2	Zip)														
	EPTIVE I	Reporting Person [*]		MASTE	<u>R</u>													
(Last) 51 AST((First)	(1	Middle)														
(Street) NEW YO	ORK	NY	1	.0003		_												
(City)		(State)	(2	Zip)		_												
	nd Address of	Reporting Person																
(Last)		(First)	(1	Middle)														

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

Explanation of Responses:

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 05/04/2021

<u>investment manager, By:</u> <u>Joseph Edelman, its managing</u>

<u>member</u>

<u>/s/ Joseph Edelman - for</u>

Perceptive Advisors LLC, By: 05/04/2

Joseph Edelman, its managing

member

<u>/s/ Joseph Edelman</u>

05/04/2021

** 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.