FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* Brady Todd C | | | | | 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) | | | | | | | | _ | X X | X Officer (give title below) | | | Other (below) | · |
| C/O ALDEYRA THERAPEUTICS, INC. 131 HARTWELL AVENUE | | | | | 06/23/2022 | | | | | | | | | President and CEO | | | | | |
| (Street) LEXINGTON MA 02421 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | ′ I | 6. Indiv Line) X | X Form filed by One Reporting Person | | | | | | |
| (City) | (Si | ate) (Z | Zip) | | | | | | | | | | | | Form Perso | i filed by Mo on | re tha | an One Rep | orting |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | Execution Date | | , | 3. Transa Code (8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | and 5) Secu Bene Own | | icially d Following | Forr (D) (| wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | eported ransaction(s) nstr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 06/23/202 | | | | | 22 | | | P | | 17,700 | A | \$3.36 | 42(1) | 1,216,535 | | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exec if any | Deemed ution Date, / th/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Da (Month/Day/Y | | Date | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Der Sec (Ins | rice of vative derivative securities beneficia Owned Following Reported Transacti (Instr. 4) | | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exer | cisable | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$3.3591 to \$3.3693, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities Exchange Commission, upon request, full information regarding the number of securities purchased at each separate price within the ranges set forth in this footnote (1) to this Form 4.

Remarks:

/s/ Todd C. Brady

06/27/2022

Date

** Signature of Reporting Person

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.