UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 4

Washington, D.C. 20549

OMB APPROVAL

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OMB Number: 3235-028								
Estin	Estimated average burden							
hour	s per response	: 0.5						

STATEMENT OF CHANGES IN BENEFICIAL OWN	ERSHIP
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O Section obligat	this box if no long n 16. Form 4 on ions may conti tion 1(b).		STATE	Filed p	ursuant	to Section	n 16(a	a) of the Secure Investment C	rities Exchar	nge Act of 1		HIP	Estima		r: erage burder sponse:	0.5
1. Name and Address of Reporting Person [*] Brady Todd C					2. Issuer Name and Ticker or Trading Symbol Aldeyra Therapeutics, Inc. [ALDX]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O ALDEYRA THERAPEUTICS, INC. 131 HARTWELL AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 07/15/2022						below)	give title Other (specbelow) President and CEO			pecify	
(Street) LEXINC		IA State)	02421 (Zip)	4	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date 3. Transaction Date 3. Transaction Date 5. Amount of Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Ownership Form: Direct Indirect										Indirect					
(Month/			nth/Day/	Day/Year) if any (Month/Day/Yea		ar) Code (Inst 8) Code V	tr. Amount	(A) o (D)	r Price	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)		
			Table II - Der (e.g					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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an of Securit Underlyin Derivative (Instr. 3 an	g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Bonus Units	(1)	07/15/2022		A		604,308		(1)	(1)	Common Stock	604,308	\$0.00	604,30	08	D	

Explanation of Responses:

1. Subject to and conditioned upon the acceptance by the U.S. Food and Drug Administration of the Issuer's submission of a New Drug Application for reproxalap, the bonus units vest ratably in equal annual installments over a four-year period beginning on July 15, 2022, provided that the Reporting Person has provided continuous service to the Issuer through the applicable vesting date. The Reporting Person will be entitled to receive a cash payment for each vested bonus unit, on the earlier of (i) four (4) years from the date of grant or (ii) a Change of Control of the Issuer (as defined in the grant documents), equal in value to the closing price per share of the Company's common stock on The Nasdaq Capital Market on the payment date.

Remarks:

/s/ Todd C. Brady

07/19/2022

** 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.