FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C. 205

STATEMENT	OF CHANGES	S IN BENEFIC	CIAL OW	NERSHIP

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

					UI	Secu	011 30(11) (Ji tile	invesiment	CUII	ipariy Act	01 1940						
1. Name and Address of Reporting Person* JOYCE MARTIN JOSEPH				2. Issuer Name and Ticker or Trading Symbol Aldeyra Therapeutics, Inc. [ALDX]									heck all applic	onship of Reporting P Il applicable) Director		on(s) to Iss 10% Ov		
	DEYRA TH	IERAPEUTICS,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/04/2019										Officer (give title below)		Other (s below)	pecify
131 HAI	RTWELL A	VENUE			4. 11	f Ame	endment, I	Date	of Original F	iled	(Month/Da	ıy/Year)		Individual or 3	Joint/Group	Filing	(Check Ap	plicable
(Street) LEXINGTON MA 02421													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
		Tab	le I - Non-	Deriva	ative	e Se	curities	s Ac	quired, I	Disp	osed o	f, or Be	neficia	lly Owned				
1. Title of Security (Instr. 3) 2. Tran				Execution Day/Year) if an		2A. Deemed Execution Date, f any Month/Day/Year)		Code (Instr.					Beneficia	es F ially (I Following (I	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			(Instr. 4)
		-	Table II - D						uired, Di 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 Da if any (Month/Day/\)		ransa ode (I	ansaction of ode (Instr. Derivative		Expiration Date of Se (Month/Day/Year) Unde Deriv		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				C	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Employee Stock Option (Right to Buy)	\$7.06	06/04/2019			A		18,951		(1)	00	5/03/2029	Common Stock	18,951	\$0.00	18,951	l	D	
Employee Stock Option (Right to Buy)	\$7.06	06/04/2019			A		771		(2)	00	5/03/2029	Common Stock	771	\$0.00	771		D	
Employee Stock Option (Right to	\$7.06	06/04/2019			A		3,305		(3)	00	5/03/2029	Common Stock	3,305	\$0.00	3,305		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 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

06/06/2019

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.