UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of
the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): June 6, 2019 (June 4, 2019)

ALDEYRA THERAPEUTICS, INC.
(Exact name of Registrant as specified in its charter)

Delaware
(State or other jurisdiction of incorporation)

001-36332	**20-1968197**
(Commission File No.)	**(IRS Employer Identification No.)**

131 Hartwell Avenue, Suite 320
Lexington, MA 02421
(Address of principal executive offices and zip code)

Registrant's telephone number, including area code: (781) 761-4904

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.001 par value per share	**ALDX**	**The Nasdaq Stock Market, LLC**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Item 5.07. Submission of Matters to a Vote of Security Holders

At the 2019 annual meeting of stockholders (the "Annual Meeting") of Aldeyra Therapeutics, Inc. (the "Company") held on June 4, 2019, the following proposals were submitted to the stockholders of the Company:

Proposal 1: The election of three directors to serve as Class II directors until the Company's 2022 annual meeting of stockholders or until their successors are duly elected and qualified.

Proposal 2: The ratification of the appointment of BDO USA, LLP as the Company's independent registered public accounting firm for the fiscal year ending December 31, 2019.

Proposal 3: The approval of an amendment to the Company's 2013 Equity Incentive Plan (the "2013 Plan") to remove the annual limitations on the number of shares subject to awards that may be issued to eligible service providers under the 2013 Plan.

For more information about the foregoing proposals, see the Company's definitive proxy statement on Schedule 14A filed with the United States Securities and Exchange Commission on April 22, 2019 (the "Proxy Statement"). Of the 27,490,551 shares of the Company's common stock entitled to vote at the Annual Meeting, 23,608,282 shares, or approximately 85.9%, were represented at the meeting in person or by proxy, constituting a quorum. The number of votes cast for, against or withheld, as well as abstentions and broker non-votes, if applicable, in respect of each such proposal is set forth below:

Proposal 1: Election of Directors.

The Company's stockholders elected the following directors to serve as Class II directors until the 2022 annual meeting of stockholders or until their successors are duly elected and qualified. The votes regarding the election of the directors were as follows:

Director	Votes For	Votes Withheld	Broker Non-Votes
Richard H. Douglas, Ph.D.	14,421,986	1,629,870	7,556,426
Gary Phillips, M.D.	11,904,524	4,147,332	7,556,426
Neal Walker, D.O.	12,105,791	3,946,065	7,556,426

Proposal 2: Ratification of Appointment of BDO USA, LLP.

The Company's stockholders ratified the appointment of BDO USA, LLP as the Company's independent registered public accounting firm for the fiscal year ending December 31, 2019. The votes regarding this proposal were as follows:

Votes For	Votes Against	Votes Abstaining	Broker Non-Votes
23,545,941	**51,091**	**11,250**	**—**

Proposal 3: Amendment to the Company's 2013 Equity Incentive Plan.

The Company's stockholders did not approve the amendment to the 2013 Plan to remove the annual limitations on the number of shares subject to awards that may be issued to eligible service providers under the 2013 Plan. The votes regarding this proposal were as follows:

Votes For	Votes Against	Votes Abstaining	Broker Non-Votes
10,125,426	**5,911,468**	**14,962**	**7,556,426**

Item 7.01. Regulation FD.

Commencing June 6, 2019, the Company's management will hold meetings with several investors, analysts and investment bankers at the Jefferies 2019 Global Healthcare Conference in New York, New York. A copy of the presentation for these meetings is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated by reference herein.

The furnishing of the attached presentation is not an admission as to the materiality of any information therein. The information contained in the slide presentation is summary information that is intended to be considered in the context of more complete information included in the Company's filings with the Securities and Exchange Commission and other public announcements that the Company has made and may make from time to time by press release or otherwise. The Company undertakes no duty or obligation to update or revise the information contained in this report.

The information in Item 7.01 of this Form 8-K shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference under the Securities Act of 1933, as amended, except as expressly set forth by specific reference in such a filing, regardless of any general incorporation language in any such filing, unless Aldeyra expressly sets forth in such filing that such information is to be considered "filed" or incorporated by reference therein.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Presentation of Aldeyra Therapeutics, Inc. dated June 6, 2019.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

ALDEYRA THERAPEUTICS, INC.

By: /s/ Joshua Reed
Name: Joshua Reed
Title: Chief Financial Officer

Dated: June 6, 2019

Exhibit 99.1

aldeyra

June 2019

Nasdaq: ALDX

JEFFERIES 2019 HEALTHCARE CONFERENCE

Innovating Transformative Therapies

Disclaimers and Forward-Looking Statements

This presentation and various remarks which may be made during this presentation contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 and Section 21E of the Securities Exchange Act of 1934, as amended, including statements regarding Aldeyra's possible or assumed future results of operations, expenses and financing needs, business strategies and plans, research and development plans or expectations, trends, the structure, timing and success of Aldeyra's planned or pending clinical trials, expected milestones, market sizing, pricing and reimbursement, competitive position, regulatory matters, industry environment and potential growth opportunities, among other things. Forward-looking statements include all statements that are not historical facts and, in some cases, can be identified by terms such as "may," "might," "will," "objective," "intend," "should," "could," "can," "would," "expect," "believe," "anticipate," "project," "target," "design," "estimate," "predict," "potential," "plan" or similar expressions and the negatives of those terms.

Forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause Aldeyra's actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. These statements reflect Aldeyra's current views with respect to future events and are based on assumptions and subject to risks and uncertainties, including the development, clinical and regulatory plans or expectations for Aldeyra's product candidates and Aldeyra's continuing review and quality control analysis of clinical data. Important factors that could cause actual results to differ materially from those reflected in Aldeyra's forward-looking statements are described in Aldeyra's most recent Annual Report on Form 10-K and Quarterly Report on Form 10-Q, as well as Aldeyra's subsequent filings with the Securities and Exchange Commission. All of Aldeyra's development timelines may be subject to adjustment depending on recruitment rate, regulatory review, preclinical and clinical results, and other factors that could delay the initiation, completion, or reporting of clinical trials.

In addition to the risks described above and in Aldeyra's other filings with the SEC, other unknown or unpredictable factors also could affect Aldeyra's results. No forward-looking statements can be guaranteed and actual results may differ materially from such statements. The information in this presentation is provided only **as of June 6, 2019**, and Aldeyra undertakes no obligation to update any forward-looking statements contained in this presentation on account of new information, future events, or otherwise, except as required by law.

Our Mission

Developing Next-Generation Medicines to Improve the Lives of Patients with Immune-Mediated Diseases

Suffer from some form of immune-mediated disease, and incidence is increasing

Disease control elusive despite existing therapies, and thus **novel approaches are needed**

Source: Lerner, Jeremias, and Matthias, International Journal of Celiac Disease, vol. 3, no. 4 (2015): 151-155;
Shurin and Smolkin, Advances in Experimental Medicines and Biology 601:3-12, 2007; Kuek et al, Postgraduate Medical Journal 83(978): 251-260, 2007.

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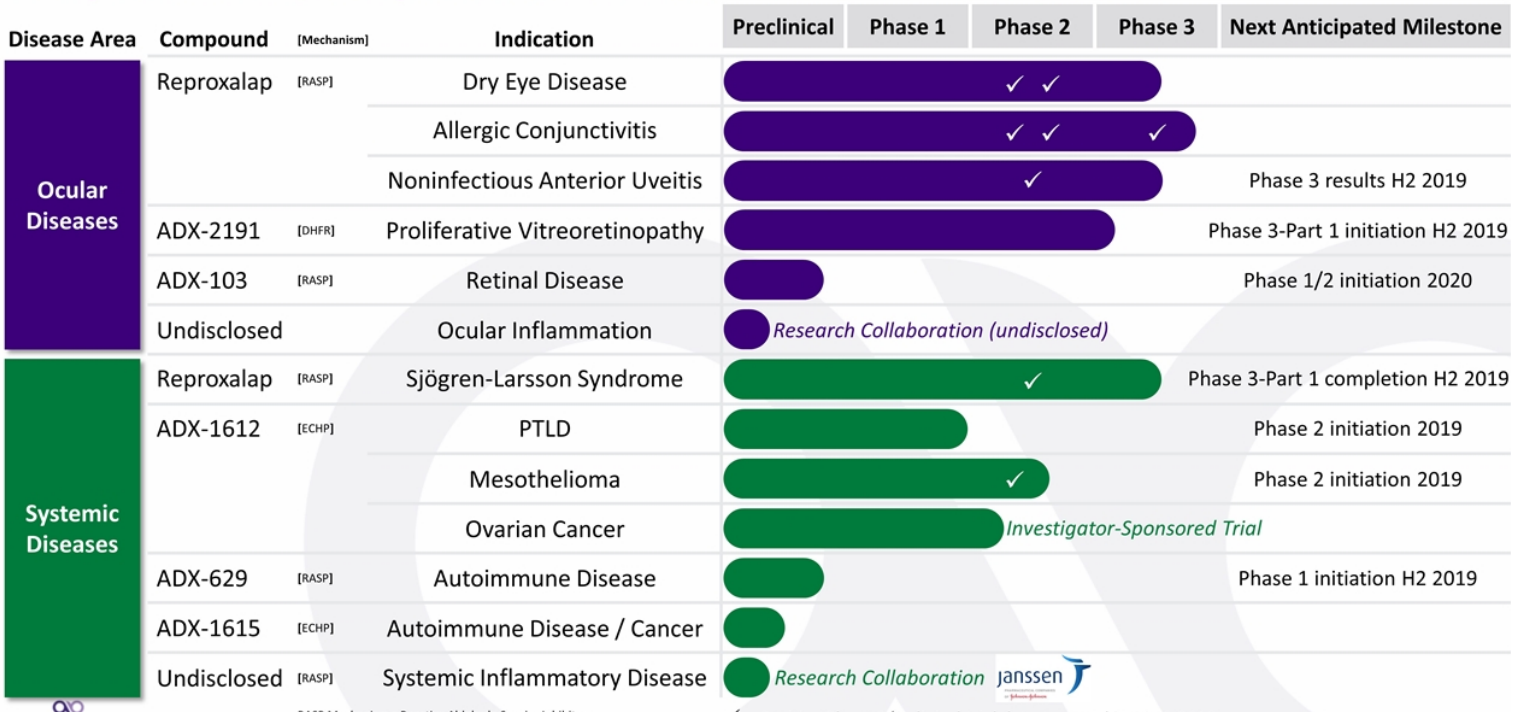
Deep and Innovative Pipeline Focused on Immune-Mediated Diseases



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RASP Mechanism = Reactive Aldehyde Species Inhibitor
DHFR Mechanism = Dihydrofolate Reductase Inhibitor
ECHP Mechanism = Epichaperome Inhibitor
PTLD = Post-Transplant Lymphoproliferative Disorder

✓ = Positive Phase 2/3 clinical trial data reported in 2016-2019
Trial initiations contingent on funding, regulatory review, and other factors

Our Lead Programs May Offer Potential Benefits Over Standard of Care

Late Stage Programs	Current Standard of Care	Pricing Benchmarks†	Drug Candidate and Dev. Stage	Potential Competitive Advantages†
Ocular Diseases				
Dry Eye Disease	Xiidra®, Restasis®	$500-550 per month (dry eye disease pricing)	Reproxalap: Phase 3	Rapid onset, broad activity, reduction in itch
Allergic Conjunctivitis	Antihistamines		Reproxalap: Phase 3	Non-drying, durable activity; Responder superiority vs. vehicle
Noninfectious Anterior Uveitis	Corticosteroids	$1,500 per regimen (to treat one flare)	Reproxalap: Phase 3	No expected risk of glaucoma or other corticosteroid toxicities
Proliferative Vitreoretinopathy	None (repeat surgeries)	$30,000 per course (avg. cost of surgeries)	ADX-2191: Phase 3	Clinically demonstrated activity; Currently no FDA- or EMA-approved therapy
Systemic Diseases				
Sjögren-Larsson Syndrome	None (manage symptoms)	$200,000 - $400,000 per year	Reproxalap: Phase 3	Clinically demonstrated activity; Currently no FDA- or EMA-approved therapy

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†Pending clinical data, regulatory discussions, payor negotiations, competition, potential legislative changes, and other factors, which may not be in Aldeyra's control. Preliminary assumptions are subject to change.

Source: Aldeyra internal estimates based on primary and secondary market research; published literature

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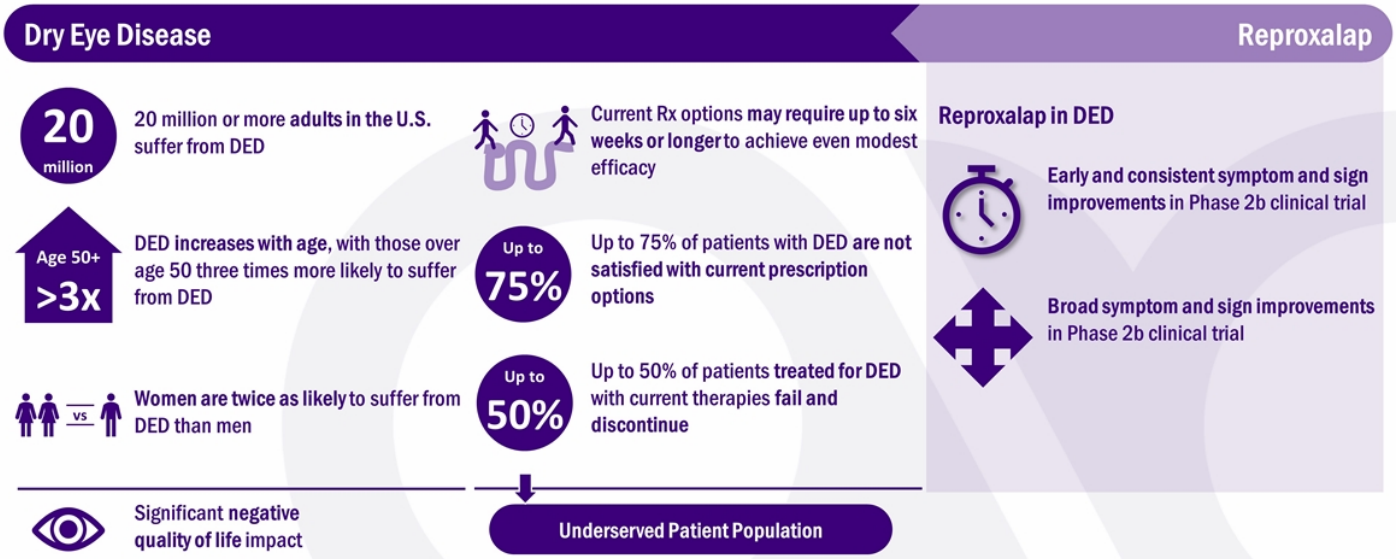
June 2019

Nasdaq: ALDX

- DRY EYE DISEASE
- ALLERGIC CONJUNCTIVITIS
- NONINFECTIOUS ANTERIOR UVEITIS
- PROLIFERATIVE VITREORETINOPATHY

Ocular Disease Area

Dry Eye Disease:
Persistently Disturbing Disease with Inadequate Therapy



Source: Aldeyra internal estimates based on primary and secondary market research; published literature

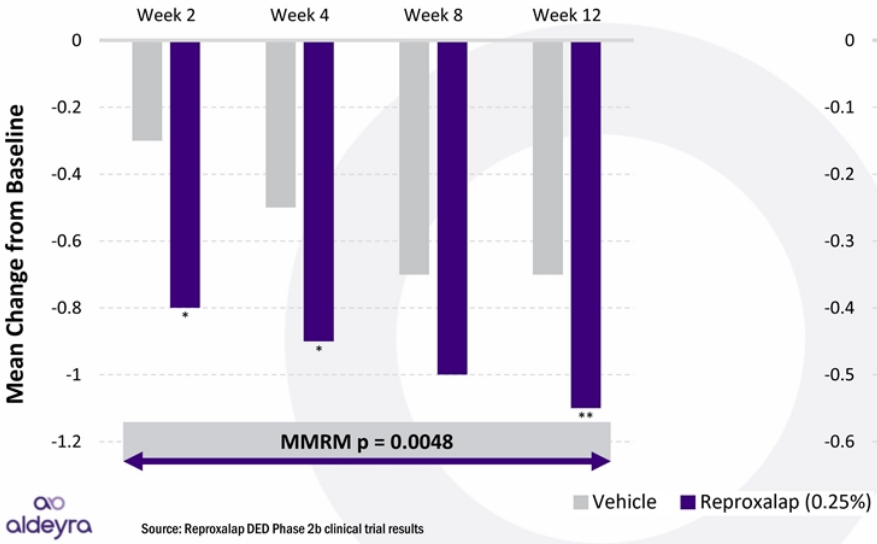
DED = Dry eye disease

Dry Eye Disease Symptom and Sign Endpoints Achieved in Phase 2b Clinical Trial

Primary Symptom Endpoint for Phase 3

OD & 4-Symptom Questionnaire: Dryness (0-5)

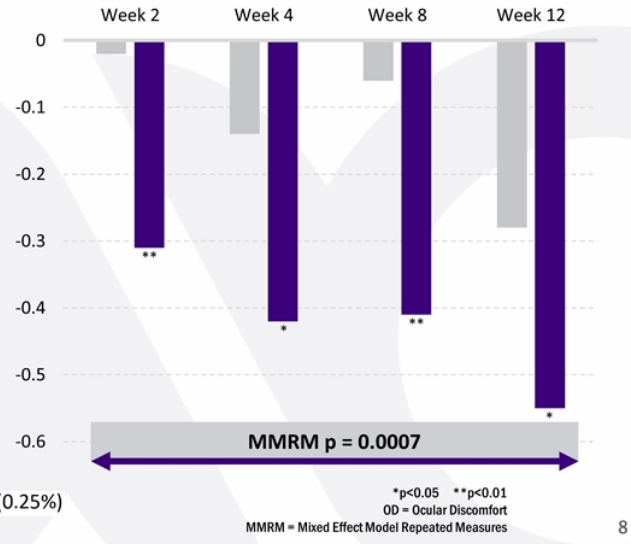
Baseline Score ≥ 3 (N=69 | 69)



Primary Sign Endpoint for Phase 3

Fluorescein Staining: Nasal (0-4)

Baseline Score ≥ 2 (N=62 | 56)



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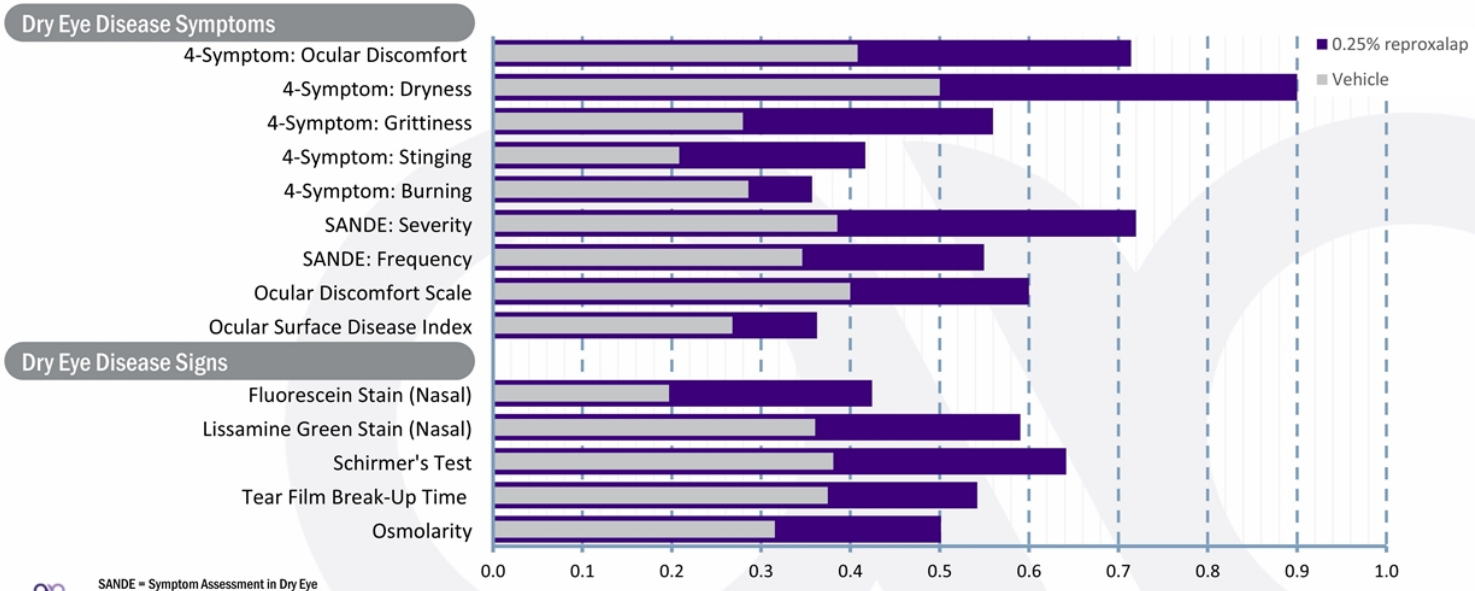
Source: Reproxalap DED Phase 2b clinical trial results

*p<0.05 **p<0.01
OD = Ocular Discomfort
MMRM = Mixed Effect Model Repeated Measures

Broad Pattern of Drug Activity Across Dry Eye Disease Symptoms and Signs Supports Differentiated Product Profile

Improvement Effect Size at Week 12



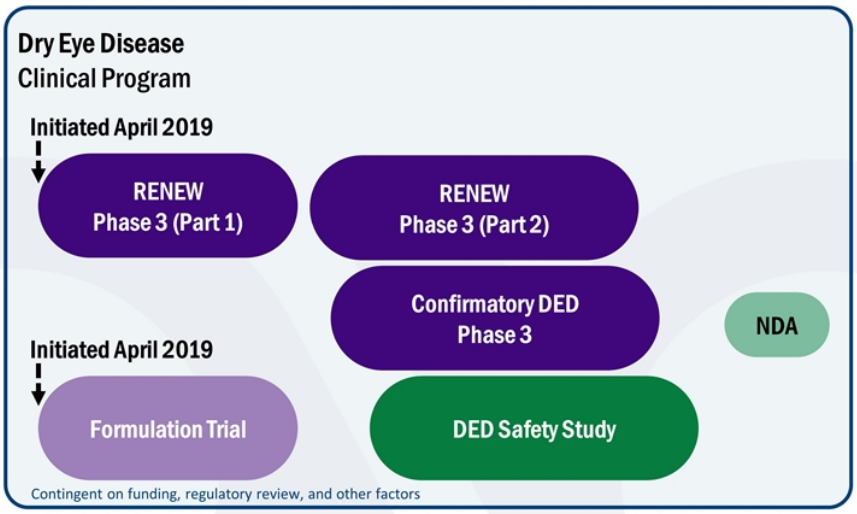
SANDE = Symptom Assessment in Dry Eye
Average improvement effect size across both eyes for tear quality and tear quantity measures (Schirmer's Test, Tear Film Break-Up Time, and Osmolarity)

Improvement Effect size = Change from Baseline / Standard Deviation at Baseline
Source: Reproxalap DED Phase 2b clinical trial results

Adaptive Phase 3 Dry Eye Disease Clinical Program

Adaptive Phase 3 Program

- Confirm symptom and sign endpoints from Phase 2b trial
- Confirm dosing regimen (QID vs. QID to BID taper)
- Confirm sample size for subsequent trial



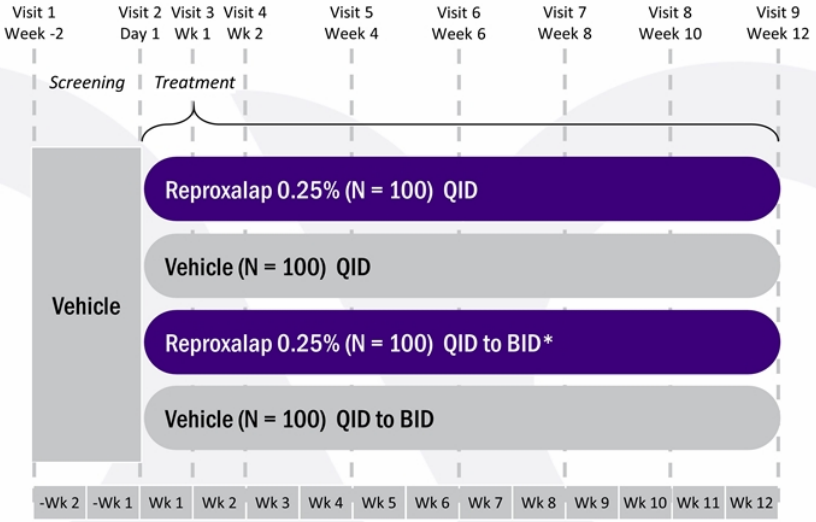
Adaptive design, co-primary endpoints, and innovative analysis strategy confirmed with FDA at EOP2 Meeting

DED = Dry eye disease
BID = Two times daily
QID = Four times daily
EOP2 = End of Phase 2

RENEW Trial Design in Dry Eye Disease
Adaptive Phase 3 (Part 1) Clinical Trial Initiated April 2019

- **Primary objective:**
  - Evaluate efficacy of reproxalap ophthalmic solution (0.25%) vs. vehicle to confirm dosing regimen and sample size for Part 2
- **Inclusion/exclusion criteria:**
  - Same as used for Phase 2b
  - Moderate to severe dry eye disease
- **Co-primary endpoints:**
  - Ocular dryness score (0-100mm VAS) and fluorescein nasal region staining
- **Analysis strategy:**
  - Both co-primary endpoints will be assessed using Mixed Model Repeated Measures (MMRM) from week 2 to week 12
  - Both co-primary endpoints will be assessed based on separate pre-specified patient populations
    - Ocular dryness score (OD4SS): baseline score of ≥ 3
    - Fluorescein nasal staining: baseline score ≥ 2

Phase 3 Dry Eye Disease Clinical Trial: Part 1



Further information can be found on www.clinicaltrials.gov: Trial #NCT03879863.

*QID for weeks 1-4 and BID for weeks 5-12

VAS = Visual analog scale
OD4SS = Ocular Discomfort 4-Symptom Score

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June 2019

Nasdaq: ALDX

- DRY EYE DISEASE
- ALLERGIC CONJUNCTIVITIS
- NONINFECTIOUS ANTERIOR UVEITIS
- PROLIFERATIVE VITREORETINOPATHY

Ocular Disease Area

Allergic Conjunctivitis:
A Common Disease with Unmet Medical Need

Allergic Conjunctivitis | **Reproxalap**

30 million — Up to 30 million of **AC sufferers** in the U.S. **do not respond adequately** to or are **dissatisfied with antihistamines**

AC patients experience symptoms throughout **all decades of adult life**

AC can result in **acute, intermittent, and chronic** symptoms

Significant **negative quality of life** impact

Many AC **patients make significant sacrifices** due to lack of drug activity

24% — **Antihistamines are not effective** in an estimated 24% of treated AC patients

2% — ~2% of AC patients have severe symptoms and **may be corticosteroid-dependent**

Underserved Patient Population

Reproxalap in AC

Clinically significant and durable symptom response in Phase 3 clinical trial

Active in post-histaminic allergy, for which no drug is approved

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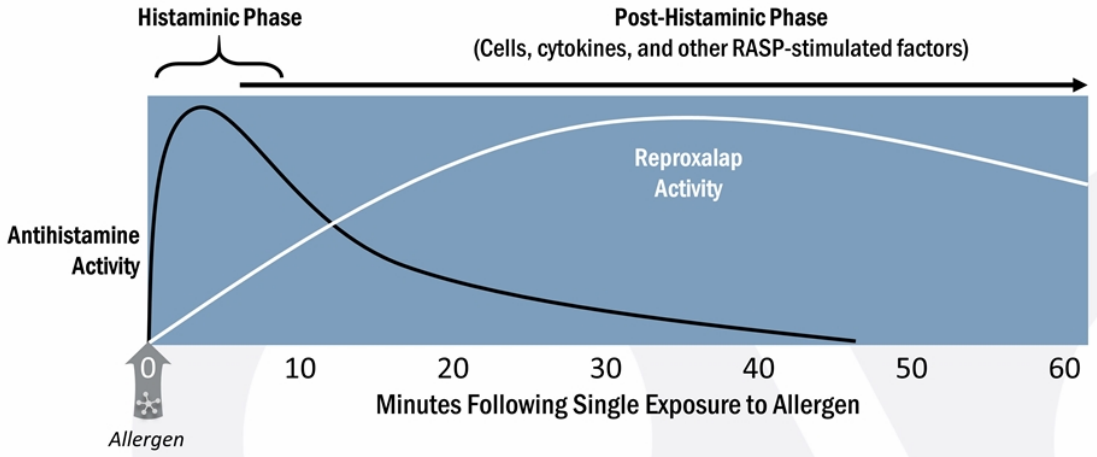
Source: Aldeyra internal estimates based on primary and secondary market research; published literature

AC = Allergic conjunctivitis

Novel Mechanism of Action has the Potential to Provide Differentiated Activity Versus Antihistamines



Reproxalap has the potential to be uniquely effective in post-histaminic allergy, which affects all allergic conjunctivitis patients

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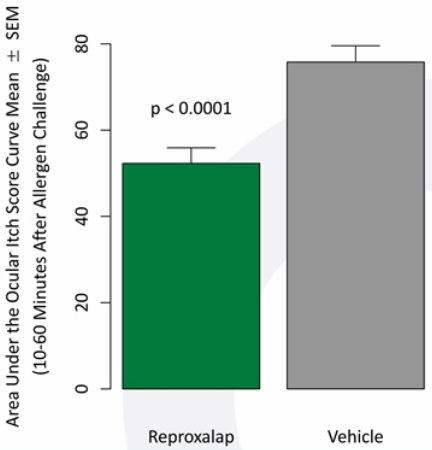
RASP = Reactive Aldehyde Species
Illustrative only, based on published literature and internal estimates

Reproxalap Showed Greater and More Durable Clinical Responses vs. Vehicle Group in ALLEVIATE Phase 3 Clinical Trial

Primary Endpoint

Area Under the Curve: Ocular Itch Score (0-4) 10 to 60 Minutes After Allergen Challenge

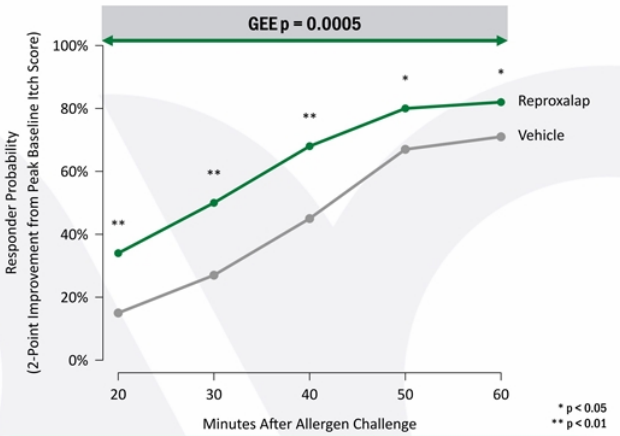


Improvement in itch score over one hour after allergen exposure statistically greater for reproxalap vs. vehicle

SEM = Standard error of the mean

Key Secondary Endpoint

Probability of Two-Point Response: Ocular Itch Score (0-4)



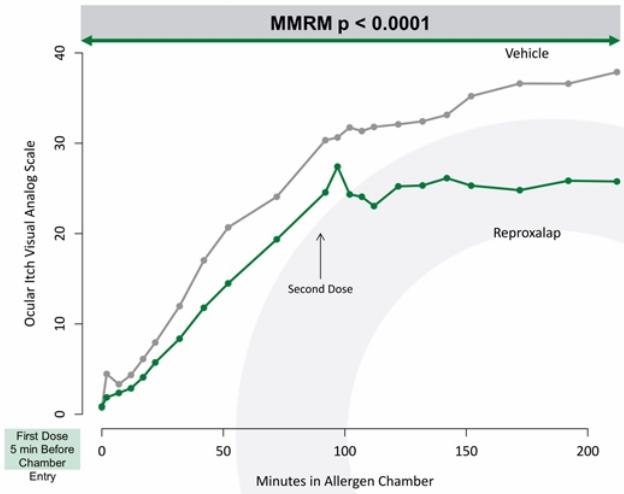
Clinically significant response rate of reproxalap statistically higher than that of vehicle

GEE = Generalized estimating equation analysis

Source: ALLEVIATE allergic conjunctivitis Phase 3 clinical trial results; Ocular itch scale 0 (no itch) to 4 (incapacitating itch)

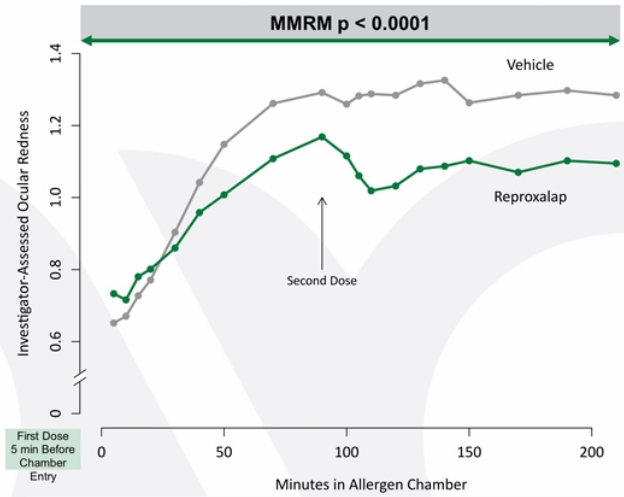
Reproxalap Showed Greater and More Durable Clinical Responses vs. Vehicle in Allergen Chamber Clinical Trial

Ocular Itch Score (0-100) During 3.5 Hours of Allergen Exposure



Statistically significant reduction in ocular itch vs. vehicle for more than three hours of exposure to allergen

Ocular Redness Score (0-4) During 3.5 Hours of Allergen Exposure

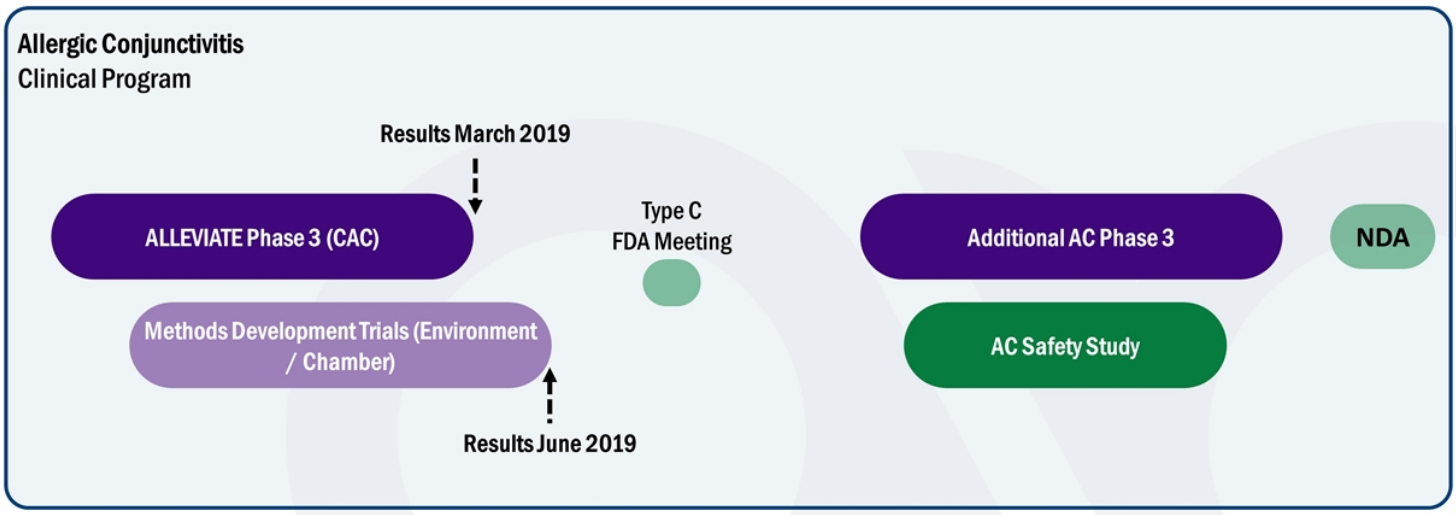


Statistically significant reduction in ocular redness vs. vehicle for more than three hours of exposure to allergen

MMRM = Mixed Effect Model Repeated Measures

Source: Aldeyra Therapeutics methodology development clinical trial (ClinicalTrials.gov #NCT03709121); n=66

Allergic Conjunctivitis Phase 3 Clinical Program Design Elements



Contingent on funding, clinical results, regulatory review, and other factors.

AC = Allergic conjunctivitis
CAC = Conjunctival Allergen Challenge

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June 2019

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Ocular Disease Area

Noninfectious anterior uveitis:
A Serious Inflammatory Disease With Inadequate Current Therapy

Noninfectious Anterior Uveitis

260K annually

Noninfectious anterior uveitis (NAU) is **the most common form of uveitis**, with an estimated 260,000 U.S. patients per year

~50% of NAU patients have **recurrent or chronic conditions** requiring multiple interventions per year

Corticosteroids are currently SOC and **require monitoring due to serious toxicities**

Prolonged usage may lead to **glaucoma, cataracts, corneal ulceration**, and other serious side effects

Reproxalap

Reproxalap

- **A novel and differentiated** approach to treat NAU
- **Reduced anterior chamber cell count** in a Phase 2 clinical trial, and was **statistically non-inferior to corticosteroid treatment**
- **Safety and tolerability without intraocular pressure increase** in a Phase 2 clinical trial
- SOLACE Phase 3 clinical trial **results expected H2 2019**

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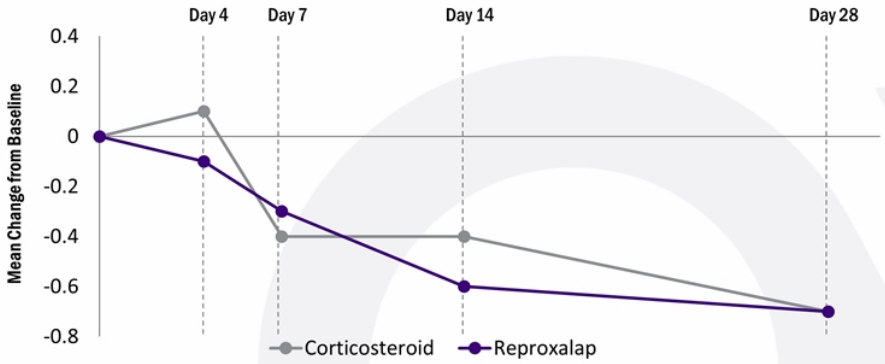
Source: Aldeyra internal estimates based on primary and secondary market research; published literature

NAU = Noninfectious anterior uveitis
SOC = Standard of Care

Reproxalap Reduced Inflammation in Noninfectious Anterior Uveitis Phase 2 Clinical Trial

Change from Baseline in Anterior Chamber Inflammatory Cell Grade
ITT Population with Last Observation Carried Forward



Proportion Cured (Grade 0 = no inflammatory cells observed)	
Week 4 Grade 0	Percent of Subjects
Reproxalap	53% (8/15)
Corticosteroid	38% (5/13)

Reproxalap was statistically non-inferior to corticosteroid in a noninfectious anterior uveitis Phase 2 clinical trial

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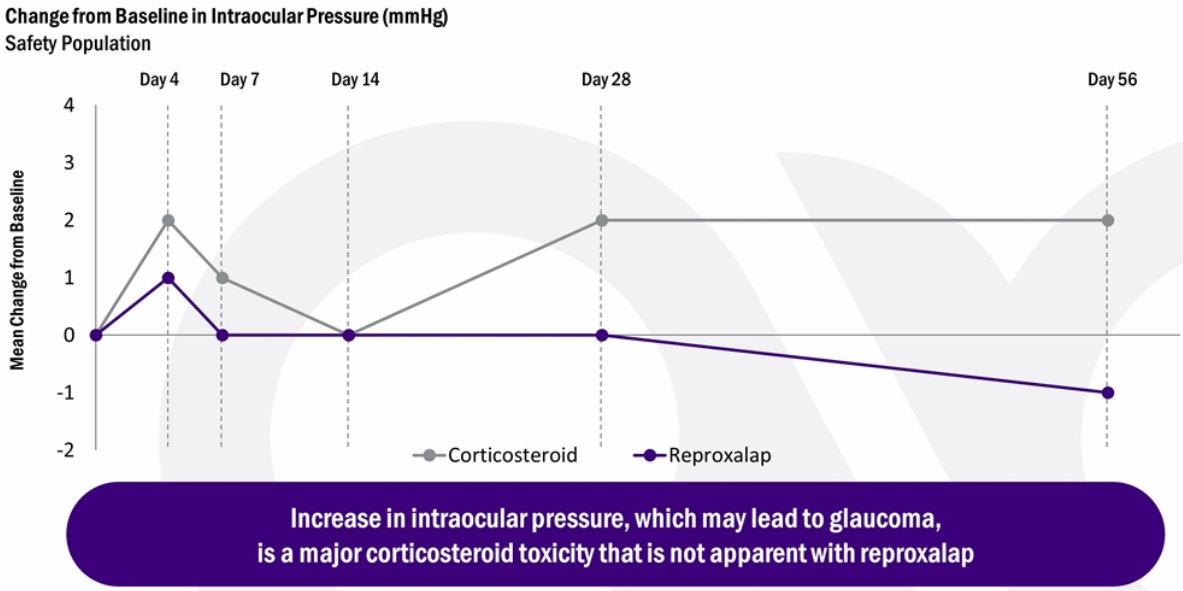
Source: Reproxalap NAU Phase 2b clinical trial results

Reproxalap Did Not Increase Intraocular Pressure in Noninfectious Anterior Uveitis Phase 2 Clinical Trial



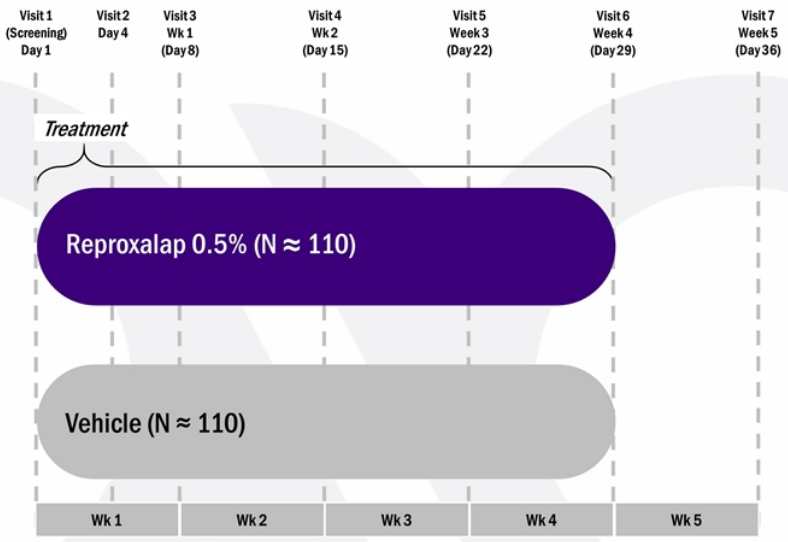
Increase in intraocular pressure, which may lead to glaucoma, is a major corticosteroid toxicity that is not apparent with reproxalap

Source: Reproxalap NAU Phase 2b clinical trial results

SOLACE Trial Design in Noninfectious Anterior Uveitis
Phase 3 Clinical Trial Initiated April 2017

- **Primary objective:**
  - Evaluate efficacy of reproxalap ophthalmic solution (0.5%) on anterior chamber cell count (ACC) vs. vehicle
- **Inclusion highlights:**
  - Acute endogenous NAU with onset of symptoms within the previous 2 weeks
  - 6-50 ACC in the study eye
  - Intraocular pressure <21
- **Dosing regimen:**
  - Week 1 8x/day
  - Week 2 6x/day
  - Weeks 3-4 4x/day
  - Week 5 None
- **Endpoints:**
  - Time-to-cure (zero inflammatory cells in anterior chamber) without rescue
- **Results expected to be announced H2 2019**

Phase 3 Noninfectious Anterior Uveitis Trial



Further information can be found on www.clinicaltrials.gov: Trial #NCT03131154.

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June 2019

Nasdaq: ALDX

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- PROLIFERATIVE VITREORETINOPATHY

Ocular Disease Area

Proliferative vitreoretinopathy:
A Rare Sight-Threatening Retinal Disease With No Approved Therapies

Proliferative vitreoretinopathy	ADX-2191

PVR is a **rare disease**, with ~4,000 patients per year in the U.S. and nearly twice as many in Europe and Japan

Left untreated, retinal detachment due to **PVR can progress to permanent blindness**

No FDA- or EMA-approved therapy

Repeat surgery and subsequent **vision loss** currently the only possible course of action

ADX-2191

- **A novel approach and potential therapeutic breakthrough** in PVR treatment
- **Granted U.S. orphan designation** for the prevention of PVR
- **Tolerability and reattachment success** during study period **demonstrated in Phase 1b** open-label investigator sponsored clinical trial
- Adaptive Phase 3 clinical trial **expected to initiate H2 2019**

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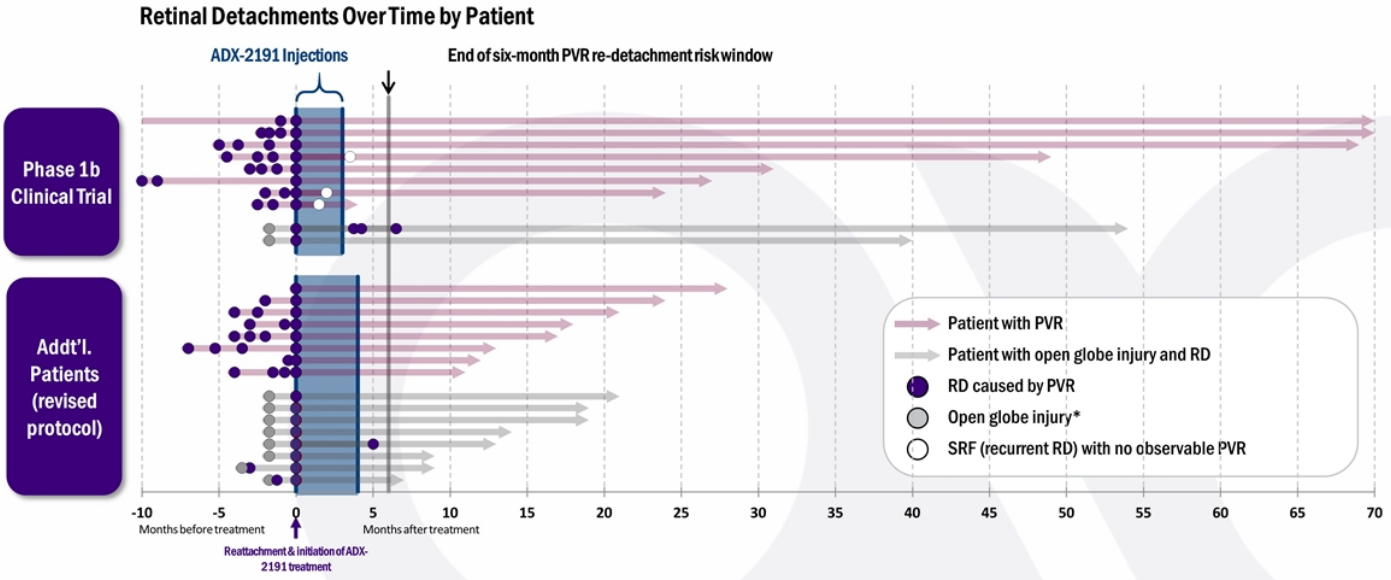
Source: Aldeyra internal estimates based on primary and secondary market research; published literature

NAU = Noninfectious anterior uveitis
SOC = Standard of Care

ADX-2191 Reduced Recurrent Retinal Detachment in Investigator Sponsored Phase 1b Clinical Trial and in Additional In-Practice Use



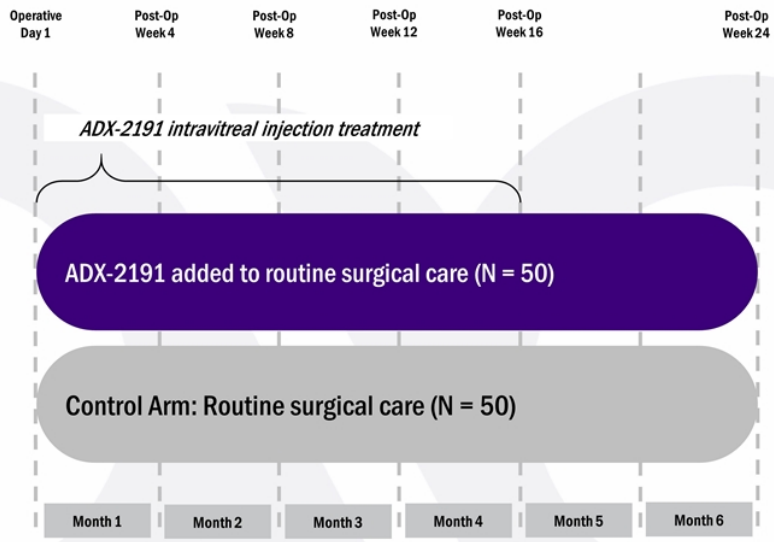
*Timing of open globe injury as shown is estimated. Typically 6-8 weeks prior to reattachment & initiation of ADX-2191.
There is no assurance that prior results, such as signals of safety, activity or durability of effect, observed from this open label investigator sponsored trial will be replicated in more rigorous trials involving ADX-2191.
Source: ADX-2191 PVR Phase 1b investigator sponsored clinical trial (n=10) results and additional in-practice use (n=16)

RD = Retinal detachment
PVR = Proliferative vitreoretinopathy
SRF = Subretinal fluid

ADX-2191: Adaptive Phase 3 (Part 1) Proliferative Vitreoretinopathy Clinical Trial Design*

- **Primary objective:**
  - Evaluate efficacy of intravitreal ADX-2191 injections for prevention of recurrent retinal detachment due to proliferative vitreoretinopathy (PVR)
- **Design:**
  - Multi-center, non-masked, randomized, controlled, two- part, adaptive Phase 3 clinical trial
- **Inclusion highlights:**
  - Recurrent retinal detachment due to PVR, or
  - Retinal detachment associated with open-globe trauma
- **Dosing regimen:**
  - At surgery, weekly (x8), and then every other week (x4) intravitreal ADX-2191 injections
- **Endpoint:**
  - Retinal re-detachments due to PVR requiring re-operation within 6 months:
    1. OCT demonstrating fovea-off retinal detachment
    2. Photographic documentation retinal detachment

Adaptive Phase 3 PVR Clinical Trial Design: Part 1



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OCT = Optical Coherence Tomography
*Contingent on funding, regulatory review, and other factors

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SJÖGREN-LARSSON SYNDROME

Systemic Disease Area

Sjögren-Larsson Syndrome:
A Rare RASP-Mediated Disease with No Approved Therapy

Sjögren-Larsson Syndrome

SLS is a **rare disease caused by an enzyme mutation** (Fatty Aldehyde Dehydrogenase), with ~1,000 SLS patients in the U.S. and a greater number in Europe

Severe symptoms significantly impacts **SLS patient and caregiver quality of life**

No FDA- or EMA-approved therapy

Nonstop disease burden prevents normal patient/caregiver life, with hours devoted to managing painful scaling, monitoring, & care

Reproxalap

Reproxalap

- **A novel approach and potential lifelong therapy** to replace missing enzymatic activity in SLS
- **Granted U.S. orphan designation** for the treatment of congenital ichthyosis (primary symptom of SLS)
- **Significantly reduced SLS ichthyosis** in a randomized, vehicle-controlled Phase 2 clinical trial
- RESET Part 1 Phase 3 clinical trial **completion expected H2 2019**

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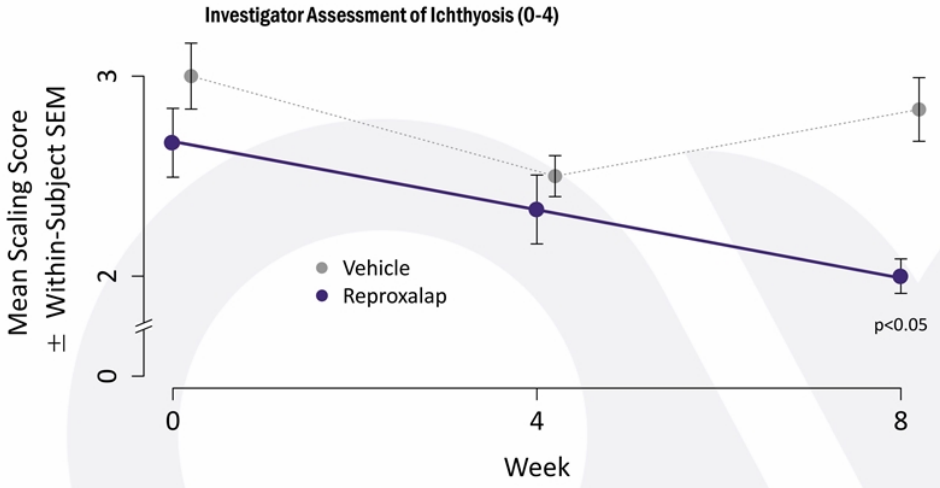
Source: Aldeyra internal estimates based on primary and secondary market research; published literature

RASP = Reactive Aldehyde Species
SLS = Sjögren-Larsson Syndrome

Reproxalap Demonstrated Clinically Relevant and Consistent Activity in Phase 2 Clinical Trial



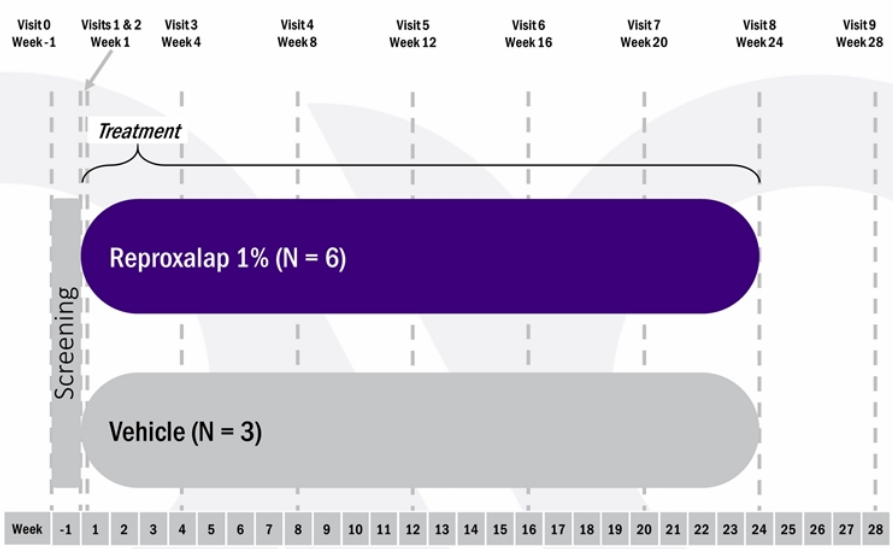
Over two months of treatment, ichthyosis improved consistently from moderate to mild disease

Source: Reproxalap SLS Phase 2 clinical trial results (6 patients per arm)

RESET Trial Design in Sjögren-Larsson Syndrome
Phase 3 Part 1 Clinical Trial Initiated July 2018

- **Primary objective:**
  - Evaluate efficacy of reproxalap topical dermal cream (1%) for the treatment of SLS associated ichthyosis
- **Inclusion/exclusion highlights:**
  - Genetically confirmed diagnosis of SLS and at least 3 years of age or older
  - Active ichthyosis grade ≥2 on the VIIS scaling score
  - No systemic or topical retinoids or other topical medications with in the past 30 days prior to baseline visit 1
- **Dosing regimen:**
  - Weeks 1-12: 20% of Body Surface Area (BSA)
  - Weeks 13-20: 40-45% of BSA
  - Weeks 21-24: 90% of BSA
- **Endpoints:**
  - Baseline ichthyosis change in drug-treated subjects
  - Safety / tolerability
- **Completion expected H2 2019**

Phase 3 SLS-Ichthyosis Study: Part 1



Further information can be found on www.clinicaltrials.gov: Trial #NCT03445650.

VIIS = Visual Index for Ichthyosis Severity

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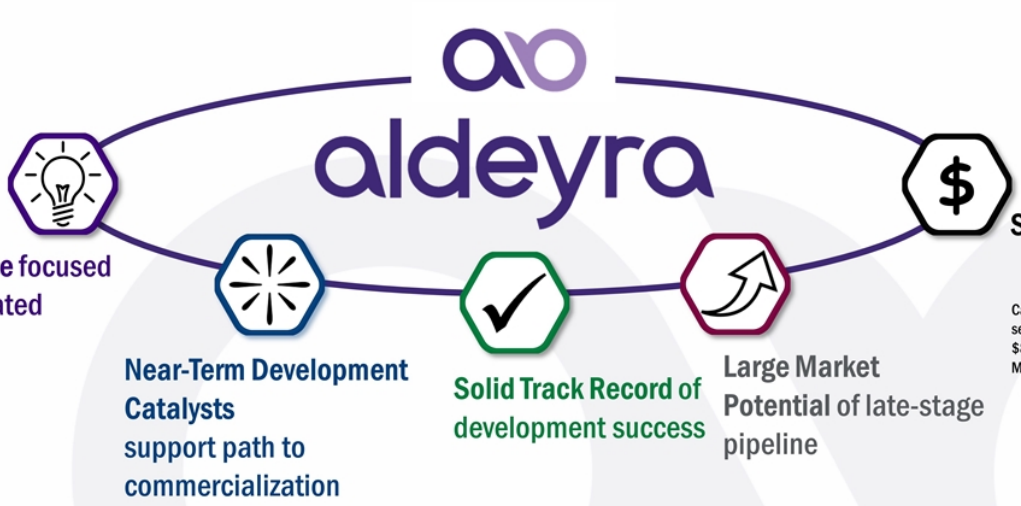
Building The Future

Our Value Proposition



Deep and Innovative Pipeline focused on immune-mediated diseases

Near-Term Development Catalysts support path to commercialization

Solid Track Record of development success

Large Market Potential of late-stage pipeline

Solid Cash Position

Cash, cash equivalents and marketable securities were $82.1 million as of March 31, 2019

Experienced Management Team and Board of Directors

Management Team

Todd Brady, M.D., Ph.D. President, CEO, & Director	DOMAIN ASSOCIATES PHENOME[1] SCIENCES INC ADERIS[2] PHARMACEUTICALS
Joshua Reed, M.B.A. Chief Financial Officer	Bristol-Myers Squibb J.P.Morgan
David Clark, M.D. Chief Medical Officer	Pfizer gsk WILSON[3] THERAPEUTICS
David McMullin, M.B.A. Chief Commercial Officer	Shire[4] gsk NOVARTIS
Stephen Machatha, Ph.D. SVP Technical Operations	CYDEX[5] PHARMACEUTICALS, INC. CUBIST[6] PHARMACEUTICALS Synageva[7] BioPharma

Board of Directors

Richard Douglas, Ph.D. CHAIRMAN	Former SVP Corporate Development at Genzyme
Ben Bronstein, M.D.	Former CEO Peptimmune[8]
Marty Joyce, M.B.A.	Former CFO of Serono USA
Gary Phillips, M.D.	CEO OrphoMed
Jesse Treu, Ph.D.	Domain Associates
Neal Walker, D.O.	CEO Aclaris Therapeutics
Todd Brady, M.D., Ph.D.	CEO Aldeyra Therapeutics

1. Acquired by Xanthus/Antisoma
2. Acquired by Schwarz/UCB
3. Acquired by Alexion
4. Acquired by Takeda
5. Acquired by Ligand
6. Acquired by Merck
7. Acquired by Alexion
8. Acquired by Genzyme

Expected Development Milestones:*
Novel Approaches to Address Immune-Mediated Disease

Ocular Diseases: Anticipated Milestones

- ✓ **Positive** reproxalap **ALLEVIATE Phase 3 clinical trial results March 2019**
- ✓ Reproxalap dry eye disease **RENEW Phase 3 clinical trial program initiation April 2019**
- ○ Reproxalap noninfectious anterior uveitis **SOLACE Phase 3 clinical trial results H2 2019**
- ○ ADX-2191 Proliferative Vitreoretinopathy **Phase 3 clinical program initiation H2 2019**
- ○ **Remaining clinical requirements** for potential allergic conjunctivitis NDA to be **confirmed H2 2019**

Systemic Diseases: Anticipated Milestones

- ○ Reproxalap Sjögren-Larsson Syndrome **RESET Phase 3-Part 1 clinical trial completion H2 2019**
- ○ ADX-629 **Phase 1 clinical trial initiation H2 2019** followed by NASH and/or IBD Phase 2a
- ○ ADX-1612 post-transplant lymphoproliferative disorder **Phase 2 clinical trial initiation 2019**
- ○ ADX-1612 mesothelioma **Phase 2 clinical trial initiation 2019**

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*Contingent on funding, regulatory review, clinical results and other factors

NDA = New Drug Application

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June 2019

Nasdaq: ALDX

JEFFERIES 2019 HEALTHCARE CONFERENCE

Innovating Transformative Therapies