FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									
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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

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Name and Address of Reporting Person* Lurker Nancy							2. Issuer Name and Ticker or Trading Symbol EyePoint Pharmaceuticals, Inc. [EYPT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
						=5.	<u> </u>									X Dire		ctor		10% Owner			
																		cer (give title Othe			(specify		
(Last)	((Firs	t) (I	Middle)					t Trans	action (I	Month	/Day/Year)				X	belov	,	•		Į.		
C/O EYEPOINT PHARMACEUTICALS, INC.						03/	03/29/2019									President & CEO							
480 PLEASANT STREET																							
TOU I DELIGITATION OF THE PROPERTY OF THE PROP						. 1 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)						4. "	4. II Amendment, Date of Original Filed (Month/Day/Year)										Line)						
. ,	TOWN I	MΑ	0	2472												X Form filed by One Reporting Person							
WIII		.,,,,		, _													Form filed by More than One Rep						
(O:t-)													Pers	on									
(City)		(Stat	e) (2	Zip)																			
			Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	sposed o	f, or	Ber	nefici	ally C	Owne	ed					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execut y/Year) if any		Deemed cution Date, y nth/Day/Year)				4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) S		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount	(A (D	() or ()	Price	Reported Transaction(s) (Instr. 3 and 4)		action(s)			(111501.4)		
Common Stock 03/29/2						2019	2019					28,500	A \$		\$1.70	⁷ 63 ⁽¹⁾ 2		40,200	D				
			Та	ble II -								osed of,					ned						
					(e.g., p	uts, c	alls,	warr	ants,	optio	ns, c	onvertib	le se	ecur	ities)								
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	n [3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (In and 4)		f g	Deriv Secu	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	V (A)		(D)	Date Exercisable		Expiration Date	Title	or Nu of	umber								

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 \$1.74 to \$1.81. The reporting person undertakes to provide EyePoint Pharmaceuticals Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

Remarks:

/s/ John Mercer, Attorney-in-

04/01/2019

Fact

** 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.