| SEC | Form | 4 |
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| SEC | Form | 4 |

Instruction 1(b)

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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | | | | 0.111 0 0 | inpany Act o | | | | | | | | |
|---|--|---------|--------|---|--|----------------------------|--|------|----------------|---|--------------------|---|--|--|-----------------|--|---|-------------------|----------|
| 1. Name and Address of Reporting Person* Ocumension Therapeutics | | | | | 2. Issuer Name and Ticker or Trading Symbol EyePoint Pharmaceuticals, Inc. [EYEP] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Ocumension merapeuties | | | | | | | | | | | | | Х | Direc | tor 10% Ow | | wner | | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2024 | | | | | | | | | | Office belov | er (give title v) | | Other (below) | (specify |
| 56F, ONE MUSEUM PLACE | | | | | | | | | | | | | | La alla | | | | | |
| 669 XIN ZHA ROAD | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| 009 AIN ZHA KOAD | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | son | |
| | | | | | | | | | | | | | | | | | | an One Rep | |
| (Street) | T | | | | | | | | | | | | | | Perso | | | | Jonung |
| JING'AN | | | | | | | | | _ | | | | | | | | | | |
| DISTRIC | 1 A A A A A A A A A A A A A A A A A A A | - 2 | 00041 | | Ru | le 10 |)b5- | 1(c) | Trar | nsac | tion Ind | icatio | n | | | | | | |
| SHANG | HANGHAI | | | | | | | | | | | | | | | | | | |
| | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | ended to | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | 1 - No | on-Deriva | tive 9 | Secu | rities | | nuired | | posed of | or Be | nefic | iallv | Own | ed | | | |
| <u> </u> | | | | | | | | | - | , Dic | - | | | | | | - | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Execution Date, | | ate, | 3.4. SecuritiesTransactionDisposed OCode (Instr.5)8) | | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | <u> </u> | | | (A) or Driv | | Repor | | ted action(s) | | | | | |
| | | | | | | | | Code | V I | Amount | (D) P | | (Instr. 3 and 4) | | | 1 1 | | | |
| common stock 01/11/20 | | | | | 024(1) | | | | s | s 1,910,500 | |) D | \$19 | 9.45 1 | | 0,221 | | D | |
| | | Tal | hla II | - Dorivati | | ocurit | tios / | | irod | Dien | osed of, | or Bor | oficia | llv C | Jwno | 4 | | | |
| | | TQ. | | | | | | | | | convertib | | | | | 4 | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | Transaction Code (Instr. 8) Secu Acqu (A) o Disp of (D | | or osed) r. 3, 4 | 6. Date Exerci Expiration Da (Month/Day/Ye | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price Derivativ Security (Instr. 5) | | ve derivative Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. T+2 settlement on Jan 16

/s/ Ye Liu

01/16/2024

** 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.