| SEC For | m 4 | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--------|--|---|--|---------------------------------|--|-------|------------------|---|---|------------------------|---|---|--|---------------------------------------|--|
| | FORM | 4 | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | OMB APPROVAL | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | iled pu | AT OF CHANGES IN BENEFICIAL OWNE d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | HIP | Estim | Estimated average burden | | 3235-0287 n 0.5 | |
| 1. Name and Address of Reporting Person [*] <u>Ribeiro Ramiro</u> (Last) (First) (Middle) C/O EYEPOINT PHARMACEUTICALS, INC | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>EyePoint Pharmaceuticals, Inc.</u> [EYPT] 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024 | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Medical Officer | | | | | | |
| (Street) | () | | | 02472 | | | If Amendment, Date of Original Filed (Month/Day/Year) If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Ch Line) X Form filed by One Reporting Form filed by More than One Person | | | | | | | | | rting Perso | n | | |
| (City) (State) (Zip) | | | | | - R | Rule 10b5-1(c) Transaction Indication 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. | | | | | | | | | | | | | |
| 1. Title of s | Security (Ins | | ble I - Nor | 2. Tra | ivativ | | 2A. Deem | ed | 3. | - | 4. Securi | ities Acquir | ed (A) or | 5. Amoun | | | nership | 7. Nature of | |
| Date (Month/) | | | h/Day/ | Year) | Execution Date, if any (Month/Day/Yea | | ar) Code (In 8) | | Dispose | (A) o | r Price | Beneficial Owned Fo Reported Transaction | Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | : Direct Indirect str. 4) | Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | Table II - | | | | | | uired, Dis s, options | | | | eficially | ` | na 4) | | | | |
| 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/) | ate, | 4. Transactior Code (Instr. 8) | | 5. Number Derivativ Securitie Acquired or Dispos of (D) (In 3, 4 and | re s i (A) sed str. | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact | re es ally g d | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | | | |
| Stock Option (Right to Buy) | \$28 | 03/01/2024 | | | Α | | 125,000 | | (1) | 0. | 3/01/2034 | Common Stock | 125,000 | \$0.00 | 125,0 | 000 | D | | |

Explanation of Responses:

1. The option to purchase will vest and become exercisable as follows: 25% at March 1st, 2025 and the remainder ratably, on a monthly basis, over the remaining three years.

Remarks:

/s/ Ron Honig, Attorney-in-Fact 03/04/2024

** 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.