FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasiiiigtoii,	D.C. 20349	

	OMB APPROVAL								
OMB Number: 3235-									
	Estimated average burden								
	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 or Section 30(h) of the Investment Company Act of 1940

						()										
1. Name and Address of Reporting Person* <u>Duker Jay S.</u>				2. Issuer Name and Ticker or Trading Symbol EyePoint Pharmaceuticals, Inc. [EYPT]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Duker</u> .	<u>Jay 5.</u>			-						-		X Directo	or	10% C	wner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/25/2019							Officer below)	(give title	Other below)	specify	
C/O EYI	EPOINT P	HARMACEUTIO	CALS, INC.	- 1												
480 PLEASANT STREET				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. 1	6. Individual or Joint/Group Filing (Check Applicable				
				- "		,		g		,,	Line	e)	•		•	
(Street)												X Form f	iled by One F	Reporting Pers	on	
WATER	TOWN I	MA 	02472									Form f Persor		than One Rep	orting	
(City)	(State)	(Zip)													
		Tak	ole I - Non-D	erivativ	e Se	curities	s Ac	quired, D	isposed o	of, or Be	neficial	y Owned	1			
Date			ransaction e onth/Day/Y	Execution Date,		Code (Instr. 5)			Benefici Owned F	s Forn ally (D) o following (I) (Ir	5. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code V	Amount	(A) oi (D)	Price	Reported Transact (Instr. 3	tion(s)		(Instr. 4)			
			Table II - Der									Owned	·			
			(e.g	ı., puts,	calls	s, warr	ants	, options,	converti	ble secu	rities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion Oate Or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year)		Code	ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to	\$2.65	06/25/2019		A		40,000		02/21/2020	02/21/2029	Common Stock	40,000	\$0.00	40,000	D		

Explanation of Responses:

Remarks:

/s/ John Mercer, Attorney-in-

Fact

** Signature of Reporting Person

06/27/2019

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.