FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| A fine of the seasons | | 00540 |
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| <i>N</i> ashington, | D.C. | 20549 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours nor 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* ANDO GORAN | | | | | 2. Issuer Name and Ticker or Trading Symbol EyePoint Pharmaceuticals, Inc. [EYPT] | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|--|--|--|-----------------|--|---|---------|---|---------------------|---------------------|-------------------------|---|---|---|-------------|--|---------------|-------|
| (Last) | • | * | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2023 | | | | | | | | Officer below) | (give title | Oth bel | er (sp ow) | ecify |
| C/O EYEPOINT PHARMACEUTICALS, INC. 480 PLEASANT STREET | | | | 4. If <i>A</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) WATERTOWN MA 02472 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (City) (State) (Zip) | | | | $ $ $ $ $ $ | 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. | | | | | | | | | | | | |
| | | Tab | e I - Non-I | Deriva | ative | Sec | urities | s Ac | quired, D | ispo | sed o | f, or Be | neficial | ly Owned | ı | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | 3. Transacti Code (Ins | | | | Benefici Owned F | es ally Following | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | t of B | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v . | Amount | t (A) or (D) Prid | | Reporter Transact (Instr. 3 | ansaction(s) estr. 3 and 4) | | (11 | nstr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 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/Y | ate, T | Transaction of E | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | f g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | iration e | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$3.26 | 06/20/2023 | | | A | | 27,100 | | 01/06/2024 | 06/1 | 19/2033 | Common Stock | 27,100 | \$0.00 | 27,100 | D | | |
| Stock Option (Right to Buy) | \$3.5 | 06/20/2023 | | | A | | 13,500 | | 02/23/2024 | 06/1 | 19/2033 | Common Stock | 13,500 | \$0.00 | 13,500 | D | | |

Explanation of Responses:

Remarks:

/s/ Ron Honig, Attorney-in-

** Signature of Reporting Person

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Fact

06/22/2023

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).

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.

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).