FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasiiiigion,	D.C. 20349	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Num

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

OMB APPROVAL									
OMB Number:	3235-0287								
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1. Name and Address of Reporting Person* Peterson Kristine						2. Issuer Name and Ticker or Trading Symbol EyePoint Pharmaceuticals, Inc. [EYPT]								(Ch	eck all appli X Directo	cable) or	10% Owner		vner
(Last)	•	First)	(Middle)	2.		3. Date of Earliest Transaction (Month/Day/Year) 06/21/2019									Officer below)	(give title		Other (s below)	pecify
480 PLE	ASANT S	ΓREET			4. If	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) WATER	TOWN N	1A (02472									Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da			Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Disposed Code (Instr. 5)		ities Acq d Of (D) (uired (Instr. 3	A) or 3, 4 and	Benefici	es For ially (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									v	Amount	nt (A) or (D)		Price	Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 06/21/			/2019		M ⁽¹⁾		6,66	6,667 A S		\$0.00	6,667			D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, T	4. Transactio Code (Inst		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		xpiration ate	Title	or Nu of	nount mber ares					
Deferred Stock	(2)	06/21/2019			M			6,667	(2)		(2)	Commo	n 6,	,667	\$0.00	0.00		D	

Explanation of Responses:

- 1. Represents vesting of deferred stock units ("DSUs") previously awarded to the reporting person, with each deferred stock unit representing the right to receive one share of the common stock of EyePoint Pharmaceuticals, Inc. (the "Company").
- 2. On June 21, 2018, the reporting person was granted 6,667 DSUs. The DSUs vested in full on June 21, 2019 and will be settled solely in shares of the Company's common stock upon the earliest to occur of: (i) the reporting person's termination of service on the Company's Board of Directors and (ii) the occurrence of a "change in control" (as defined in the applicable award agreement) that constitutes a "change in the ownership or effective control of" the Company or "a change in the ownership of a substantial portion of the assets of" the Company, in each case, as determined under Section 409A of the Internal Revenue Code of 1986, as amended, and the regulations issued thereunder.

Remarks:

/s/ John Mercer, Attorney-in-Fact 06/24/2019

** 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.