FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL							
	OMB Number:	3235-0287						
l	Estimated average burde	en						
l	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

	nd Address o		2. Issuer Name <b>and</b> Ticker or Trading Symbol  EyePoint Pharmaceuticals, Inc. [ EYPT ]									ck all appli Directo	cable) or	g Person	rson(s) to Issuer 10% Owner			
(Last)	(Last) (First) (Middle) C/O EYEPOINT PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/21/2019								(give title		Other (s below)	pecify
480 PLE	ASANT S	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Street) WATERTOWN MA 02472													Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City) (State) (Zip)																		
		Tab	le I - Non-C	Derivat	tive S	ecurit	ies Ac	quired,	Dis	posed (	of, or B	enefi	cially	Owned	k			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,		Transaction Disposed Code (Instr. 5)		rities Acquired (A) o ad Of (D) (Instr. 3, 4 a			5. Amou Securition Benefici Owned I Reporte	es ally Following	6. Owner Form: D (D) or Ir (I) (Insti	Direct of the condition	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						v	Amount	(A) (D)	or Pr	rice	Transac (Instr. 3	ction(s)			msu. 4)			
Common	Stock	/2019		M <sup>(1)</sup>		6,66	667 A \$		60.00	119,167		Ι	)					
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		3A. Deemed Execution Da if any (Month/Day/Y	Co	ansactio ode (Inst	n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		[   9   (	B. Price of Derivative Gecurity Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode V	(A)		Date Exercisal		xpiration ate	Title	Amo or Num of Shar	ber					
Deferred Stock Units	(2)	06/21/2019		N	M		6,667	(2)	T	(2)	Common Stock	6,6	67	\$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-06/24/2019 <u>Fact</u>

\*\* 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.