## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

W	asl	ning	ton,	D.C.	20549	

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
monucion I(b).	riled pursuant to Section 10(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*     Paggiarino Dario A.					2. Issuer Name <b>and</b> Ticker or Trading Symbol  EyePoint Pharmaceuticals, Inc. [ EYPT ]									Check all a Dir	ionship of Reportin all applicable) Director Officer (give title		g Person(s) to Issuer  10% Owner Other (specify		
	`	HARMACEUTIC	Middle)	IC.		3. Date of Earliest Transaction (Month/Day/Year) 10/12/2018										chief Medical		below)	
(Street) WATERTOWN MA 02472  (City) (State) (Zip)				_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
		Tabl	le I - No	n-Deriv	/ative	Se	curiti	es Ac	quired,	, Dis	posed o	f, or	Bene	eficia	ally Ow	ned			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution ay/Year) if any		cution Date,		3. Transaction Code (Instr. 8)  4. Securiti Disposed 5)		ties Acquired (A) I Of (D) (Instr. 3, 4			nd Sec Ben Owr	mount of urities eficially led Following orted	Forn (D) c	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(	A) or D)	Price	Tran	saction(s) r. 3 and 4)			(1130.4)
Common Stock				10/12	/12/2018				A		16,667	(1)	Α	\$0.	.00	32,055		D	
Common	Common Stock 10/1			10/12	2/2018	2018		F		2,455(2)		D	\$3.	.23	29,600		D		
		Та									osed of, onvertib				y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	n Date,	Date, Transaction		on of		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price o Derivative Security (Instr. 5)		/ [C	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Nun of Sha	nber					

## **Explanation of Responses:**

1. On October 12, 2018 (the "FDA Approval Date"), the U.S. Food and Drug Administration approved EyePoint Pharmaceutical Inc.'s (the "Company") new drug application for YUTIQ for the treatment of chronic non-infectious uveitis affecting the posterior segment of the eye. As a result, 8,334 shares representing a previously granted performance stock unit award vested on that date. An additional 8,333 shares from this award will vest on the first anniversary of the FDA Approval Date, subject to the Reporting Person's continued employment with the Company through the applicable vesting date.

2. No shares were sold - these shares were withheld by the issuer to satisfy tax withholding requirements in connection with the Reporting Person's exercise of his withholding right following the vesting of the performance stock units.

## Remarks:

/s/ John Mercer, Attorney-in-

10/16/2018

\*\* Signature of Reporting Person

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.