FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

NGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

1. Name and Address of Reporting Person* <u>Duker Jay S.</u>						2. Issuer Name and Ticker or Trading Symbol EyePoint Pharmaceuticals, Inc. [EYPT]								(Che	elationship eck all app CDirec	licable)	ng Pe	rson(s) to Is	
(Last)	(Last) (First) (Middle) C/O EYEPOINT PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/20/2024								X Officer (give title Other (spe below) President and CEO				specify
480 PLEASANT STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WATER	ΓOWN M	1A	02472												X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(5	State)	(Zip)		Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a transaction was made pursuant to a contract, instruction satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											uction or writ	ten pla	an that is inter	nded to					
		Tab	e I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	eficia	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)				Benefi Owned	ties cially I Following	Forn (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or	Price		ed ction(s) 3 and 4)			(Instr. 4)
Common	on Stock 02/20/2			2024			G ⁽¹⁾		20,000 D)	\$0.00	3	31,920		D			
Common	Stock			02/20/2	2024				G ⁽¹⁾		20,000	A	A	\$0.00	20	1000			Family Trust ⁽²⁾
	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/Yea			Execut) if any	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc ion Da Day/Y		Amou Secur Under Deriva Secur	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		s. Price of Perivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Numb of Title Share							

Explanation of Responses:

- 1. On February 20, 2024, the reporting person transferred owned shares of Common Stock of the Company to the Family Trust.
- 2. These securities are held in a trust for the benefit of the reporting person's children. The reporting person's spouse is trustee of the Family Trust. The reporting person disclaims beneficial ownership of these securities and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

Remarks:

/s/ Ron Honig, Attorney-in-

02/22/2024

** 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.