SEC Form 4
------------

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287
Estimated average	burden
hours per response:	0.5

Instruction 1(b).	continue. See	Fi	d 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 Addre	1 0	erson*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>EvePoint Pharmaceuticals, Inc.</u> [EYPT]		ationship of F k all applicab	Reporting Person(s) to Issuer ble)					
Lurker Nancy			,,,,,,,	X	Director		10% Owner				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	x	Officer (gi below)	/e title	Other (specify below)				
C/O EYEPOINT	T PHARMACE	UTICALS, INC.	11/15/2021		President & CEO						
480 PLEASANT	Г STREET										
(Streat)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joir	nt/Group Filing (Check Applicable					
(Street) WATERTOWN MA 02472		02472		X	X Form filed by One Reporting Person						
,		02172	_		Form filed Person	by More than	One Reporting				
(City)	(State)	(Zip)			1 010011						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	11/15/2021		<b>S</b> <sup>(1)</sup>		10,000	D	\$20.148(2)	103,546	D	

	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 Date, if any (Month/Day/Year)	4. Transa Code ( 8)		n of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a rule 10b5-1 trading plan adopted by the reporting person on May 27, 2021.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$19.90 to \$20.765. The reporting person undertakes to provide EyePoint Pharmaceuticals Inc., any security holder of EyePoint Pharmaceuticals Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

## **Remarks:**

<u>/s/ Ron Honig, Attorney-in-</u>	11/17/2021
Fact	11/1//2021

\*\* 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5