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
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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								
Estimated average burden								
hours per response:	0.5							

					_														1	
1. Name and Address of Reporting Person*  Zaderej Karen L.						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>EyePoint Pharmaceuticals, Inc.</u> [ EYPT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u> Zaacro</u>	<u> </u>	<u> </u>			$\vdash$									X	Directo	or		10% Ow	ner	
(Last)	(1	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/05/2024									Officer below)	(give title		Other (s below)	pecify	
C/O EYI	EPOINT P	HARMACEUTIC	CALS, INC	2.		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
480 DI E	ASANT S	TREET			4.1	Anne	mament, i	Date 0	Originari	riieu	(IVIOITIII)Da	ay/ rear)		Line)	ividual of c	ioini/Group	FIIIII	(Crieck App	olicable	
400 I LL	ASANI S	IKEEI											X Form filed by One Reporting Person							
(Street)																iled by More		One Repor		
WATER	TOWN N	1A	02472												1 61301					
					Rı	Rule 10b5-1(c) Transaction Indication														
(City)	(	State)	(Zip)					( )												
(0.0)	(	5.0.0)	(=.p)		ΙП											n or written p	olan th	at is intended	to	
							satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction							uction	ion 10.					
		Tab	ole I - Non	-Deriv	ative	e Se	curities	s Acc	quired,	Dis	posed o	f, or Be	enefic	ially	Owned					
1. Title of	Security (Ins	str. 3)		2. Transa	action				3. 4. Securities Acquired (A)					) or 5. Amour		nt of 6. Ov		n: Direct   c	'. Nature	
Date (Month/D						Execution Date, if any				Disposed 5)	ed Of (D) (Instr. 3, 4		and	Securitie Beneficia			of Indirect Beneficial			
				(	- u j u		(Month/Day/Y			,					Owned Following		(I) (Instr. 4)	str. 4) (	Ownership	
								0-4-	V Amou		(A) (	or D.	ice	Reported Transaction(s)			- 1	(Instr. 4)		
									Code	<u> </u>	Amount	(D) P		ice	(Instr. 3 and 4)					
			Table II - E	Derivat	tive	Seci	urities	Acai	ired. D	isno	sed of	or Ber	eficia	ally (	Owned					
									,		onvertil			•	,					
1. Title of	2.	3. Transaction	3A. Deemed				5. Numb	nor T	6 Date Ev	orcie	ahla and	7. Title a	nd Amo	unt I	3. Price of	9. Number	of	10.	11. Nature	
Derivative Conversion Date Execution D					ate, Transaction		tion of I		Expiration Date of Securities			ities	Derivative		derivative		Ownership	of Indirect		
Security   or Exercise   (Month/Day/Year)   if any   (Month/Day/Year)   (Month/Day/Year)						Instr.	Derivati Securiti		(Month/Da	y/Yea	ır)	Underlyi Derivativ	ng e Secu	rity	Security (Instr. 5)	Securities Beneficially			Beneficial Ownership	
(	,	Acquired (Instr. 3 and 4)								,	,	Owned	,	or Indirect	(Instr. 4)					
	Security			(A) or Disposed									Following Reported		(I) (Instr. 4)					
						of (D) (Instr. 3, 4 and 5)										Transaction(s) (Instr. 4)	on(s)			
			H	<del>-                                     </del>		<u> </u>			Amo		unt		<u> </u>							
													or							
									Date		xpiration		Num of	ber						
				c	ode	V	(A)	(D)	Exercisab	le C	ate	Title	Shar	es						
Stock																				
Option (Right to	\$20.4	01/05/2024		- 1	Α		25,014		01/05/202	5 0	1/04/2034	Common	25,0	)14	\$0.00	25,014		D		

**Explanation of Responses:** 

Remarks:

/s/ Ron Honig, Attorney-in-Fact 01/09/2024

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).