FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
---------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

	OMB APPROVAL										
	OMB Number:	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]									ck all applic	tionship of Reportin all applicable) Director		son(s) to Issi 10% Ow		
	ast) (First) (Middle) /O EYEPOINT PHARMACEUTICALS, INC. 30 PLEASANT STREET						3. Date of Earliest Transaction (Month/Day/Year) 06/21/2018 4. If Amendment, Date of Original Filed (Month/Day/Year)									Officer (give title below) vidual or Joint/Group		Other (s below)	
(Street) WATER	Street) WATERTOWN MA 02472													Line))				1
(City)	(S	itate)	(Zip)																
		Tab	le I - Non	-Deriva	ative	Se	curities	S Ac	quired, D	isp	osed o	f, or Be	enefi	cially	Owned				
Date			2. Transa Date (Month/D		r) I	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.							es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code \	,	Amount	nt (A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
		-	Fable II - [uired, Dis , options						Owned			,	
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/	ate, Tr	Fransaction Code (Instr.		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	ve es d ed	6. Date Exer Expiration I (Month/Day	ate	of Securities		ities ng e Secu		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	Over Section Over	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode V	,	(A)	(D)	Date Exercisable		kpiration ate	Title	Amo or Nun of Sha						
Employee Stock Option (right to buy)	\$1.95	06/21/2018			A		26,667		06/21/2019	06	6/21/2028	Common Stock	26,	667	\$0.00	26,66	7	D	
Deferred Stock	(1)	06/21/2018			A		6,667		06/21/2019		(2)	Common Stock	6,6	667	\$0.00	6,667	,	D	

Explanation of Responses:

- 1. Each deferred stock unit represents the right to receive one share of the common stock of EyePoint Pharmaceuticals, Inc. (the "Company").
- 2. Subsequent to the vesting of the deferred stock units, the deferred stock units will be settled 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-

06/26/2018

Fact

** 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.