SEC For	rm 4 FORM	4	UNITED) STA	ATES	SE	CUR	ITII	ES AND	Ε>	КСНА	NGE (СОММ	ISSION						
				-			Vashi		OMB APPROVAL											
Section 16. Form 4 or Form 5 obligations may continue. See					ed pursi	JT OF CHANGES IN BENEFICIAL OWNER pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									SHIP OMB Number: 3235-028 Estimated average burden hours per response: 0					
1. Name and Address of Reporting Person [*] DOUGLAS RICHARD				2. Is	suer	Name ar	nd Tio	cker or Tradin eutics, In	ig Sy	ymbol		Relationship neck all appli X Directo	cable)	ng Per	suer					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023									(give title	ve title Other (s below)				
C/O ALDEYRA THERAPEUTICS, INC. 131 HARTWELL AVENUE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) LEXINGTON MA 02421					Form Pers										filed by More than One Reporting on					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Non	-Deriv	vative	Sec	curities	s Ac	quired, D	isp	osed o	of, or Be	neficia	lly Owne	d					
1. Title of Security (Instr. 3) Date (Month/D					Execution I			Code (Ins					Benefic Owned	es ally Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	t (A) or (D) Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)			
		Т							luired, Dis s, options					y Owned						
Derivative Conversion D		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)			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	Ex Da	piration te	Title	Amount or Number of Shares							
Stock Option (Right to Buy)	\$8.39	06/30/2023			A		21,222		(1)	06	/29/2033	Common Stock	21,222	\$0	21,22	22	D			
Stock Option (Right to Buy)	\$8.39	06/30/2023			A		5,488		(2)	06	/29/2033	Common Stock	5,488	\$0	5,48	8	D			
Stock Option (Right to Buy)	\$8.39	06/30/2023			A		640		(3)	06	/29/2033	Common Stock	640	\$0	640		D			

Explanation of Responses:

1. Exercisable with respect to 100% of the shares on the one-year anniversary of the grant date, provided that the Reporting Person provides continuous service as a member of the Board of Directors of the Issuer through the applicable vesting date.

2. Exercisable with respect to 100% of the shares on the one-year anniversary of the grant date, provided that the Reporting Person provides continuous service as the Chairperson of the Board of Directors of the Issuer through the applicable vesting date.

3. Exercisable with respect to 100% of the shares on the one-year anniversary of the grant date, provided that the Reporting Person provides continuous service as a member of the Nominating/Corporate Governance Committee of the Board of Directors of the Issuer through the applicable vesting date.

<u>/s/ Richard Douglas</u>

** Signature of Reporting Person Date

07/05/2023

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.