## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFI	ICIAL OWN	NERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average b	urden
hours per response:	0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     DICICCO WENDY F				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>EyePoint Pharmaceuticals</u> , <u>Inc.</u> [ EYPT ]						5. Re (Che	ck all applic	cable) or	g Pers	son(s) to Iss	vner			
(Last) (First) (Middle) C/O EYEPOINT PHARMACEUTICALS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 01/03/2025								Officer below)	(give title		Other (s below)	specify		
480 PLEASANT STREET			4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) WATER	TOWN M	A	02472								J	Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			ransaction e onth/Day/Yo	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)		or 5. Amoun Securities Beneficia Owned For Reported		es Form ally (D) o following (I) (In		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
						Code	/	Amount	(A) or (D)		ice	Transact	Transaction(s) (Instr. 3 and 4)			(moti. 4)		
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 Date Oberivative Security  2. Conversion Date Oberivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year)		Code (	ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun 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)	Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Shar	ber					
Stock Option (Right to Buy)	\$8.26	01/03/2025		A		40,000		01/03/2026	0	1/03/2035	Common Stock	40,0	000	\$0.00	40,000	)	D	

Explanation of Responses:

Remarks:

/s/ Ron Honig, Attorney-in-Fact 01/07/2025

\*\* Signature of Reporting Person Date

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).