FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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UIVID APP	ROVAL
OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

obligations may continue. See Instruction 1(b).

Check this box to indicate that a

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.

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

1(0). 30	e mstructio	,,,,,	•																			
1. Name and Address of Reporting Person* ANDO GORAN					2. Issuer Name and Ticker or Trading Symbol <u>EyePoint Pharmaceuticals, Inc.</u> [EYPT]									(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) I							
(Last)		t) (N		3. Date of Earliest Transaction (Month/Day/Year)								1	Office	cer (give title ow)		Other (: below)	specify					
C/O EYI	00/2	08/21/2024																				
480 PLEASANT STREET																						
400 I LEASANI SIREEI							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line)								
WATER	rown	MΛ	0	2472													Form filed by One Reporting Person					
,———	IOWIN	IVIA														Form filed by More than One Reporting Person						
(City)		(Stat	e) (Z	(ip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of S	Security (I	nstr	. 3)		2. Transac	tion														7. Nature		
					Date (Month/Da	v/Year)	Execution Date, y/Year) if any				Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)			3, 4 an	Securi Benefi				of Indirect Beneficial			
(MOIIII)/Da						(Month/Day/Year)			8)				Owned	Following (I)		(Instr. 4)	Ownership					
					Code	v	Amount	unt (A) or P		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)							
	2024				1	5.000	+	_	Φ= 0	 ` 			_									
Common Stock 08/21/2							2024			P		5,000	A \$		\$7.95) 1.	13,150		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
												onvertib										
1. Title of Derivative Security	2. Conversion	on	3. Transaction Date		emed ion Date,	4. Transa		5. Number of Derivative		Expirati	ion Da		Amount of		· [1	3. Price of Derivative Security	9. Number derivative Securities	of	10. Ownership Form:	11. Nature of Indirect Beneficial		
(Instr. 3) Price of (Month/D				Day/Year)	8)	Code (Instr. 8)		Securities		(Month/Day/Year) Securities Underlyi					Instr. 5)	r. 5) Beneficiall		Direct (D)	Ownership			
	Derivative Security							Acquired (A) or		Derivat Securit				nstr.		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)			
					Dispo			isposed 3 and 4)							Reported							
							of (D) (Instr. 3, 4									(Instr. 4)						
								and 5)														
						Code V (A) (D)								Amo	ount							
													Num									
								(A) (D)		Date Exercisable		Expiration Date	Title Sh		res							

Explanation of Responses:

Remarks:

/s/ Ron Honig, Attorney-in-

<u>Fact</u>

** Signature of Reporting Person Date

08/21/2024

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.