Edgar Filing: Aldeyra Therapeutics, Inc. - Form 4

Aldeyra The	erapeutics, Inc.										
Form 4											
June 10, 20	15										
FORM	14								PPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check t								Expires:	January 31,		
if no lor subject		MENT O	F CHAI	NGES IN	BENEF	ICIAL O	WNERSHIP OF		2005		
subject to Section 16. SECURITIES								Estimated burden hou	•		
Form 4	or							response	•		
Form 5	Filed put	rsuant to S	Section	16(a) of the	he Securi	ties Excha	nge Act of 1934,				
obligation may cor		(a) of the l	Public U	Jtility Ho	lding Cor	npany Act	of 1935 or Section	on			
See Inst		30(h)	of the I	nvestmen	t Compai	ny Act of 1	940				
1(b).											
(Print or Type	Responses)										
1. Name and	Address of Reporting	Person [*]	2. Issu	er Name an	d Ticker or	Trading	5. Relationship of Reporting Person(s) to				
JOYCE M	Symbol			-	Issuer						
	Aldeyr	a Therapo	eutics, In	c. [ALDX]	[] (Check all applicable)						
(Last)	(Last) (First) (Middle)			of Earliest 7	Transaction		(encer un applicable)				
	(Month/Day/Year)				_X_ Director	109	% Owner				
C/O ALDE	EYRA THERAPE	UTICS,	06/09/2	2015			Officer (give		ner (specify		
INC., 131 I	HARTWELL AV	ENUE					below)	below)			
(Street)			4. If Am	endment, D	ate Origina	ıl	6. Individual or Joint/Group Filing(Check				
			Filed(Mo	onth/Day/Yea	ar)		Applicable Line)	-			
							X Form filed by				
LEXINGT	ON, MA 02421						Person	More than One R	eporting		
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securit		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if						Form: Direct	Indirect		
(Instr. 3)		any (Month/D)	w/Veer)	Code (Instr. 8)	Disposed (Instr. 3,		•	(D) or Indirect			
		(Month/Da	ay/ 1 cal)	(Instr. 8)	(111501.5,	+ and 5)		(I) (Instr. 4)	Ownership (Instr. 4)		
							Reported	(11011-1)	(1115111-1)		
						(A) or	Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
	•				-	-	spond to the colle	ction of	SEC 1474		
					inforr	nation cont	tained in this form	are not	(9-02)		
							ond unless the for				
					numb	-	ntly valid OMB co				

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 7.74	06/09/2015		А		6,083		<u>(1)</u>	06/08/2025	Common Stock	6,083

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
JOYCE MARTIN JOSEPH C/O ALDEYRA THERAPEUTICS, INC. 131 HARTWELL AVENUE LEXINGTON, MA 02421	Х						
Signatures							
/s/ Martin Joseph Joyce 06/10/2015							

**Signature of Reporting Date Person

Explanation of Responses:

- * 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).
- (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 to the Issuer through the applicable vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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