Aldeyra Theraper Form 3	utics, Inc.							
October 22, 2015	October 22, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION					OMB APPROVAL		
			Washington, D.C. 20549				OMB Number:	3235-0104
	INIT	TAL STAT		NEFICIAL OWNERSHIP OF			Expires:	January 31 2005
	SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940					Estimated average burden hours per response 0.5		
(Print or Type Respo	nses)							
1. Name and Addres Person <u>*</u> PERCEPTIV LLC		ORS (Mo	ate of Event Requiring ement nth/Day/Year) 19/2015		ne <b>and</b> Ticker o herapeutics, l			
(Last) (Fi	irst) (Mi	ddle)		4. Relationsh Person(s) to 1	iip of Reporting Issuer		Amendment, D Month/Day/Yea	-
499 PARK AVE FLOOR,Â	ENUE, 25T	H		(Check	x all applicable)			
<sup>(St</sup> NEW YORK,Â	reet) NYÂ 1002	2		Directo Officer (give title belo	Other	Filing (w) Fo Persor _X_ F	orm filed by Mo	able Line) e Reporting
(City) (St	ate) (Z	Zip)	Table I - I	Non-Deriva	tive Securiti		ting Person ally Owned	1
1.Title of Security (Instr. 4)			2. Amount o Beneficially (Instr. 4)	of Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Indirect Benef	
Common Stock			1,090,193		Ι	See Footn	otes $(1)$ $(2)$	
Reminder: Report or owned directly or inc	directly.		uss of securities benefic		SEC 1473 (7-02	)		
	informatio required to	n contained o respond u	to the collection of in this form are not nless the form disp ontrol number.	t				
Table	II - Derivati	ve Securities	Beneficially Owned (e	e.g., puts, calls	s, warrants, opt	tions, convert	ible securities	s)
1 Title of Derivativ	e Security	2. Date Ex	ercisable and 3 Title	and Amount of	of 4	5	6 Natur	e of Indirect

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
PERCEPTIVE ADVISORS LLC 499 PARK AVENUE, 25TH FLOOR NEW YORK, NY 10022	Â	ÂX	Â	Â	
PERCEPTIVE LIFE SCIENCES MASTER FUND LTD C/O PERCEPTIVE ADVISORS LLC 499 PARK AVENUE, 25TH FLOOR NEW YORK, NY 10022	Â	X	Â	Â	
EDELMAN JOSEPH C/O PERCEPTIVE ADVISORS LLC 499 PARK AVENUE, 25TH FLOOR NEW YORK, NY 10022	Â	ÂX	Â	Â	
Signatures					
/s/ Joseph Edelman, managing member of Perceptive Advi LLC	sors 10/22/2015				
**Signature of Reporting Person		Date			

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).
- This Form 3 is being filed by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"), Perceptive Advisors LLC (the "Advisor")
  (1) and Joseph Edelman. The Advisor serves as the investment manager of Master Fund and to a managed account (the "Managed Account") for Titan Perc, Ltd. Mr. Edelman is the managing member of the Advisor.

This amount reflects the amount of securities held by the Master Fund and the Managed Account immediately following the transaction requiring the filing of this statement. In accordance with Instruction 5(b)(iv) of Form 3, the entire amount of the Issuer's securities held by

(2) Master Fund and the Managed Account is reported herein. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

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.