FORM D

Notice of Exempt Offering of Securities

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.



1. Issuer's Identity			
CIK (Filer ID Number)	Previous Name(s)	None None	Entity Type
0001372514			Corporation
Name of Issuer			C Limited Partnership
EYEGATE PHARMACEUTICALS INC			C Limited Liability Company
Jurisdiction of Incorporation/Organization			C General Partnership
DELAWARE			O Business Trust
Year of Incorporation/Organiza	ition		C Other
• Over Five Years Ago			
• Within Last Five Years (Specify Year)			

C Yet to Be Formed

# 2. Principal Place of Business and Contact Information Name of Issuer EYEGATE PHARMACEUTICALS INC Street Address 1 Street Address 2 [271 Waverley Oaks Road [Suite 108 City State/Province/Country ZIP/Postal Code Phone No. of Issuer [WALTHAM] [MASSACHUSETTS]

# 3. Related Persons

Last Name	First Name	Middle Name
From	Stephen	
Street Address 1	Street Addre	ss 2
c/o Eyegate Pharmaceuticals, Inc.	271 Waver	ly Oaks Road, Suite 108
City	State/Province/Country	ZIP/Postal Code
Waltham	MASSACHUSETTS	02452
Relationship: Execut	ive Officer Director	Promoter
Last Name	First Name	Middle Name
Hancock	Thomas	
Street Address 1	Street Addre	ss 2
c/o New England Partners Capita	l, L.P 400 Crown	Colony Drive, Suite 104
City	State/Province/Country	ZIP/Postal Code
Quincy	MASSACHUSETTS	02169
Relationship:	ive Officer 🔽 Director	Promoter

		First Name		Middle Name
Chaney		Paul		]
Street Address 1	1	<u></u>	Street Address 2	1
c/o OCI Pharmaceuti	icals. Inc.		41 Pinelawn Rd	
City		State/Province/	Country	ZIP/Postal Code
Melville		NEW YORK	country	11747
Intervine		THE W TORK		
Relationship:	Executi	ive Officer	Director	Promoter Promoter
Clarification of Response	e (if Necessary)	)		
Last Name		First Name		Middle Name
Goldberg		Morton		1
Street Address 1	]	<u>L</u>	Street Address 2	4
c /o Eyegate Pharmad	centicals Inc			aks Road, Suite 108
			L	
City	]	State/Province/	-	ZIP/Postal Code
Waltham		MASSACHUS	5E115	02452
		0.65		
Relationship:	Executi	ve Officer	Director	Promoter
Trilo		Decucon		7
Tyle Street Address 1 C /o Evegate Pharmac	ceuticals. Inc.	Praveen	Street Address 2	aks Road. Suite 108
Street Address 1	ceuticals, Inc.		271 Waverly O	aks Road, Suite 108
Street Address 1	ceuticals, Inc.	State/Province/0	271 Waverly O: Country	ZIP/Postal Code
Street Address 1	ceuticals, Inc.		271 Waverly O: Country	
Street Address 1		State/Province/0	271 Waverly O: Country	ZIP/Postal Code
Street Address 1  C /o Eyegate Pharmac  City  Waltham  Relationship:	Executi	State/Province// MASSACHUS	271 Waverly Oz Country SETTS	ZIP/Postal Code
Street Address 1  C /o Eyegate Pharmac  City  Waltham  Relationship:  Clarification of Response	Executi	State/Province// MASSACHUS	271 Waverly Oz Country SETTS	ZIP/Postal Code
Street Address 1  C /o Eyegate Pharmac  City  Waltham  Relationship:  Clarification of Response	Executi	State/Province/4	271 Waverly Oz Country SETTS	ZIP/Postal Code
Street Address 1  C /o Eyegate Pharmae  City  Waltham  Relationship:  Clarification of Response  Last Name  Malfoye-Camine	Executi	State/Province// MASSACHUS	271 Waverly Oz Country SETTS	ZIP/Postal Code
Street Address 1  C /o Eyegate Pharmae  City  Waltham  Relationship:  Clarification of Response  Last Name  Malfoye-Camine	Executi e (if Necessary)	State/Province// MASSACHUS	271 Waverly Or         Country         SETTS         Director         Street Address 2	ZIP/Postal Code
Street Address 1  C /o Eyegate Pharmae  Relationship:  Clarification of Response  Last Name  Malfoye-Camine  Street Address 1  C /o Eyegate Pharmae	Executi e (if Necessary)	State/Province// MASSACHUS	271 Waverly Or         Country         SETTS         Image: Country         Director         Street Address 2         271 Waverly Or	ZIP/Postal Code       02452       Promoter       Middle Name
Street Address 1  C /o Eyegate Pharmae City Waltham Relationship: Clarification of Response Last Name Malfoye-Camine Street Address 1  C /o Eyegate Pharmae	Executi e (if Necessary)	State/Province// MASSACHUS ive Officer	271 Waverly Or         Country         SETTS         Director         Street Address 2         271 Waverly Or         Country	ZIP/Postal Code
Street Address 1  C /o Eyegate Pharmac  City  Waltham  Relationship:  Clarification of Response  Last Name  Malfoye-Camine  Street Address 1  C /o Eyegate Pharmac  City	Executi e (if Necessary)	State/Province/4 MASSACHUS ive Officer First Name Bernard State/Province/4	271 Waverly Or         Country         SETTS         Director         Street Address 2         271 Waverly Or         Country	ZIP/Postal Code       02452       Promoter       Middle Name       aks Road, Suite 108       ZIP/Postal Code
Street Address 1  C /o Eyegate Pharmac  City  Waltham  Relationship:  Clarification of Response  Last Name  Malfoye-Camine  Street Address 1  C /o Eyegate Pharmac  City	e (if Necessary)	State/Province/4 MASSACHUS ive Officer First Name Bernard State/Province/4	271 Waverly Or         Country         SETTS         Director         Street Address 2         271 Waverly Or         Country	ZIP/Postal Code       02452       Promoter       Middle Name       aks Road, Suite 108       ZIP/Postal Code
Street Address 1  C /o Eyegate Pharmac City  Waltham  Relationship:  Clarification of Response Last Name  Malfoye-Camine  Street Address 1  C /o Eyegate Pharmac  City  Waltham	ceuticals, Inc.	State/Province// MASSACHUS ive Officer First Name Bernard State/Province// MASSACHUS	271 Waverly Or         Country         SETTS         Director         Street Address 2         271 Waverly Or         Country         SETTS	ZIP/Postal Code       02452       Promoter       Middle Name       ZIP/Postal Code       Ultraction
Street Address 1  C /o Eyegate Pharmae  City  Waltham  Relationship:  Clarification of Response  Last Name  Malfoye-Camine  Street Address 1  C /o Eyegate Pharmae  City  Waltham  Relationship:	ceuticals, Inc.	State/Province// MASSACHUS ive Officer First Name Bernard State/Province// MASSACHUS	271 Waverly Or         Country         SETTS         Director         Street Address 2         271 Waverly Or         Country         SETTS	ZIP/Postal Code       02452       Promoter       Middle Name       ZIP/Postal Code       Ultraction

Street Address 2

Street Address 1

c/o ISPA		10, rue de la Pai	x
City	State/Province/	Country	ZIP/Postal Code
Paris	FRANCE		75002
Relationship:	Executive Officer	Director	Promoter
Clarification of Response	(if Necessary)		
Last Name	First Name		Middle Name
Chaoui	Mounia		
Street Address 1		Street Address 2	-
c/o Finbiomed		3 Avenue Guten	berg
City	State/Province/	Country	ZIP/Postal Code
Puteaux	FRANCE		92800
Relationship:	Executive Officer	Director	Promoter
Clarification of Response	(if Nacossary)		

# 4. Industry Group

# C Agriculture

#### **Banking & Financial Services**

- C Commercial Banking
- C Insurance
- C Investing
- C Investment Banking
- C Pooled Investment Fund
- Other Banking & Financial

## C Business Services

#### Energy

- C Coal Mining
- C Electric Utilities
- C Energy Conservation
- C Environmental Services
- C Oil & Gas
- C Other Energy

- Health Care
- Biotechnology
- C Health InsuranceC Hospitals & Physicians
- C Pharmaceuticals
- C Other Health Care

C Manufacturing

Real Estate

C

C Commercial

C Construction

C Residential

**REITS & Finance** 

O Other Real Estate

- Other Health Care
- C Other Technology

#### Travel

C Retailing

C Restaurants

Technology

C Computers

O Airlines & Airports

**C** Telecommunications

- C Lodging & Conventions
- C Tourism & Travel Services
- C Other Travel
- C Other

# 5. Issuer Size

#### **Revenue Range**

- C No Revenues
- C \$1 \$1,000,000
- C \$1,000,001 \$5,000,000
- \$5,000,001 \$25,000,000
- \$25,000,001 \$100,000,000
- Over \$100,000,000
- O Decline to Disclose
- C Not Applicable

# Aggregate Net Asset Value Range

- C No Aggregate Net Asset Value
- S1 \$5,000,000
- C \$5,000,001 \$25,000,000
- C \$25,000,001 \$50,000,000
- S50,000,001 \$100,000,000
- Over \$100,000,000
- C Decline to Disclose
- C Not Applicable

6. F app	Federal Exemption( bly)	s) ar	nd Exclusion(s) C	Clair	ned (select all that
Π	Rule 504(b)(1) (not (i), (ii) or (iii))		Rule 505		
	Rule 504 (b)(1)(i)		Rule 506(b)		
	Rule 504 (b)(1)(ii)		Rule 506(c)		
	Rule 504 (b)(1)(iii)		Securities Act Section 4	(a)(5)	
	Investment Company Act Section 3(c)				

2014-06-06

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**Ⅳ** New Notice Date of First Sale

First Sale Yet to Occur

Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year?

C Yes @ No

9.	9. Type(s) of Securities Offered (select all that apply)					
Γ	Pooled Investment Fund Interests	Π	Equity			
$\Box$	Tenant-in-Common Securities	•	Debt			
	Mineral Property Securities	Γ	Option, Warrant or Other Right to Acquire Another Security			
	Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Γ	Other (describe)			

<ol><li>Business Combination Trans</li></ol>	saction
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Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? C Yes  $^{\circ}$  No

Clarification of Response (if Necessary)

11. Minimum Investment	
Minimum investment accepted from any outside \$	USD
12. Sales Compensation	
Recipient          (Associated) Broker or Dealer       None         Street Address 1	Recipient CRD Number     None       (Associated) Broker or Dealer CRD     None       Number     Street Address 2
	Province/Country ZIP/Postal Code

# 13. Offering and Sales Amounts

Total Offering Amount	\$ 2000000	USD	□ Indefinite
Total Amount Sold	\$ 994843	USD	
Total Remaining to be Sold	\$ 1005157	USD	Indefinite

Clarification of Response (if Necessary)

## 14. Investors

offering

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

18	

## 15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$	0	USD	Estimate
Finders' Fees \$	0	USD	Estimate
Clarification of Response (if Necessary)			

## 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

	\$ 0	USD	Estimate
(if Necessary)			

## Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

**Clarification of Response** 

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the state in which the state in which the issuer maintains its principal place of business or any State in which the state in which the state in which the issuer maintains its principal place of business or any State in which the state in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the state in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
EYEGATE PHARMACEUTIC INC	ALS /s/Stephen From	n Stephen From	President	2014-07-24