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| FORM D                                  |
| Notice of Exempt Offering of Securities |

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

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| OMB APPROVAL                                     |
| OMB Number: 3235-0076                            |
| Expires: August 31, 2015                         |
| Estimated Average burden hours per response: 4.0 |

### 1. Issuer's Identity

|   |   |   |
|---|---|---|
| CIK (Filer ID Number)                                       | Previous Name(s) <input checked="" type="checkbox"/> None | Entity Type                                     |
| <input type="text" value="0001372514"/>                     |   | <input checked="" type="radio"/> Corporation    |
| Name of Issuer  |   | <input type="radio"/> Limited Partnership       |
| <input type="text" value="EYEGATE PHARMACEUTICALS INC"/>    |   | <input type="radio"/> Limited Liability Company |
| Jurisdiction of Incorporation/Organization                  |   | <input type="radio"/> General Partnership       |
| <input type="text" value="DELAWARE"/>                       |   | <input type="radio"/> Business Trust            |
| Year of Incorporation/Organization                          |   | <input type="radio"/> Other                     |
| <input checked="" type="radio"/> Over Five Years Ago        |   |   |
| <input type="radio"/> Within Last Five Years (Specify Year) | <input type="text"/>                                      |   |
| <input type="radio"/> Yet to Be Formed                      |   |   |

### 2. Principal Place of Business and Contact Information

|  |  |                                    |   |
|--|--|------------------------------------|---|
| Name of Issuer   |  |                                    |   |
| <input type="text" value="EYEGATE PHARMACEUTICALS INC"/> |  |                                    |   |
| Street Address 1   | Street Address 2                           |                                    |   |
| <input type="text" value="271 WAVERLEY OAKS ROAD"/>      | <input type="text" value="SUITE 108"/>     |                                    |   |
| City   | State/Province/Country                     | ZIP/Postal Code                    | Phone No. of Issuer                         |
| <input type="text" value="WALTHAM"/>                     | <input type="text" value="MASSACHUSETTS"/> | <input type="text" value="02452"/> | <input type="text" value="(781) 788-8869"/> |

### 3. Related Persons

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name  | First Name   | Middle Name                                  |                                   |
| <input type="text" value="From"/>                              | <input type="text" value="Stephen"/>                           |  |                                   |
| Street Address 1   | Street Address 2   |  |                                   |
| <input type="text" value="c/o EyeGate Pharmaceuticals, Inc."/> | <input type="text" value="271 Waverley Oaks Road, Suite 108"/> |  |                                   |
| City   | State/Province/Country   | ZIP/Postal Code                              |                                   |
| <input type="text" value="Waltham"/>                           | <input type="text" value="MASSACHUSETTS"/>                     | <input type="text" value="02452"/>           |                                   |
| Relationship:  | <input checked="" type="checkbox"/> Executive Officer          | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> Promoter |

Clarification of Response (if Necessary)

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name  | First Name   | Middle Name                                  |                                   |
| <input type="text" value="Chaney"/>                            | <input type="text" value="Paul"/>                              |  |                                   |
| Street Address 1   | Street Address 2   |  |                                   |
| <input type="text" value="c/o EyeGate Pharmaceuticals, Inc."/> | <input type="text" value="271 Waverley Oaks Road, Suite 108"/> |  |                                   |
| City   | State/Province/Country   | ZIP/Postal Code                              |                                   |
| <input type="text" value="Waltham"/>                           | <input type="text" value="MASSACHUSETTS"/>                     | <input type="text" value="02452"/>           |                                   |
| Relationship:  | <input type="checkbox"/> Executive Officer                     | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> Promoter |

Clarification of Response (if Necessary)

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|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name  | First Name   | Middle Name                                  |                                   |
| <input type="text" value="Goldberg"/>                          | <input type="text" value="Morton"/>                            | <input type="text" value="F."/>              |                                   |
| Street Address 1   | Street Address 2   |  |                                   |
| <input type="text" value="c/o EyeGate Pharmaceuticals, Inc."/> | <input type="text" value="271 Waverley Oaks Road, Suite 108"/> |  |                                   |
| City   | State/Province/Country   | ZIP/Postal Code                              |                                   |
| <input type="text" value="Waltham"/>                           | <input type="text" value="MASSACHUSETTS"/>                     | <input type="text" value="02452"/>           |                                   |
| Relationship:  | <input type="checkbox"/> Executive Officer                     | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> Promoter |

Clarification of Response (if Necessary)

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|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name  | First Name   | Middle Name                                  |                                   |
| <input type="text" value="Tyle"/>                              | <input type="text" value="Praveen"/>                           |  |                                   |
| Street Address 1   | Street Address 2   |  |                                   |
| <input type="text" value="c/o EyeGate Pharmaceuticals, Inc."/> | <input type="text" value="271 Waverley Oaks Road, Suite 108"/> |  |                                   |
| City   | State/Province/Country   | ZIP/Postal Code                              |                                   |
| <input type="text" value="Waltham"/>                           | <input type="text" value="MASSACHUSETTS"/>                     | <input type="text" value="02452"/>           |                                   |
| Relationship:  | <input type="checkbox"/> Executive Officer                     | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> Promoter |

Clarification of Response (if Necessary)

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|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name  | First Name   | Middle Name                                  |                                   |
| <input type="text" value="Ballard"/>                           | <input type="text" value="Thomas"/>                            |  |                                   |
| Street Address 1   | Street Address 2   |  |                                   |
| <input type="text" value="c/o EyeGate Pharmaceuticals, Inc."/> | <input type="text" value="271 Waverley Oaks Road, Suite 108"/> |  |                                   |
| City   | State/Province/Country   | ZIP/Postal Code                              |                                   |
| <input type="text" value="Waltham"/>                           | <input type="text" value="MASSACHUSETTS"/>                     | <input type="text" value="02452"/>           |                                   |
| Relationship:  | <input type="checkbox"/> Executive Officer                     | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> Promoter |

Clarification of Response (if Necessary)

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|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name  | First Name   | Middle Name                                  |                                   |
| <input type="text" value="Hancock"/>                           | <input type="text" value="Thomas"/>                            | <input type="text" value="E."/>              |                                   |
| Street Address 1   | Street Address 2   |  |                                   |
| <input type="text" value="c/o EyeGate Pharmaceuticals, Inc."/> | <input type="text" value="271 Waverley Oaks Road, Suite 108"/> |  |                                   |
| City   | State/Province/Country   | ZIP/Postal Code                              |                                   |
| <input type="text" value="Waltham"/>                           | <input type="text" value="MASSACHUSETTS"/>                     | <input type="text" value="02452"/>           |                                   |
| Relationship:  | <input type="checkbox"/> Executive Officer                     | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> Promoter |

Clarification of Response (if Necessary)

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|   |                                      |             |
|---|--------------------------------------|-------------|
| Last Name                                   | First Name                           | Middle Name |
| <input type="text" value="Malfroy-Camine"/> | <input type="text" value="Bernard"/> |             |
| Street Address 1                            | Street Address 2                     |             |

c/o EyeGate Pharmaceuticals, Inc.

271 Waverley Oaks Road, Suite 108

|         |                        |                 |
|---------|------------------------|-----------------|
| City    | State/Province/Country | ZIP/Postal Code |
| Waltham | MASSACHUSETTS          | 02452           |

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 EyeGate Pharmaceuticals, Inc. | 271 Waverley Oaks Road, Suite 108 |

|         |                        |                 |
|---------|------------------------|-----------------|
| City    | State/Province/Country | ZIP/Postal Code |
| Waltham | MASSACHUSETTS          | 02452           |

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

#### 4. Industry Group

- Agriculture
- Banking & Financial Services
  - Commercial Banking
  - Insurance
  - Investing
  - Investment Banking
  - Pooled Investment Fund
  - Other Banking & Financial Services
- Business Services
- Energy
  - Coal Mining
  - Electric Utilities
  - Energy Conservation
  - Environmental Services
  - Oil & Gas
  - Other Energy
- Health Care
  - Biotechnology
  - Health Insurance
  - Hospitals & Physicians
  - Pharmaceuticals
  - Other Health Care
- Manufacturing
- Real Estate
  - Commercial
  - Construction
  - REITS & Finance
  - Residential
  - Other Real Estate
- Retailing
- Restaurants
- Technology
  - Computers
  - Telecommunications
  - Other Technology
- Travel
  - Airlines & Airports
  - Lodging & Conventions
  - Tourism & Travel Services
  - Other Travel
- Other

#### 5. Issuer Size

- | Revenue Range  | Aggregate Net Asset Value Range                    |
|--|--|
| <input type="radio"/> No Revenues                    | <input type="radio"/> No Aggregate Net Asset Value |
| <input type="radio"/> \$1 - \$1,000,000              | <input type="radio"/> \$1 - \$5,000,000            |
| <input type="radio"/> \$1,000,001 - \$5,000,000      | <input type="radio"/> \$5,000,001 - \$25,000,000   |
| <input type="radio"/> \$5,000,001 - \$25,000,000     | <input type="radio"/> \$25,000,001 - \$50,000,000  |
| <input type="radio"/> \$25,000,001 - \$100,000,000   | <input type="radio"/> \$50,000,001 - \$100,000,000 |
| <input type="radio"/> Over \$100,000,000             | <input type="radio"/> Over \$100,000,000           |
| <input checked="" type="radio"/> Decline to Disclose | <input type="radio"/> Decline to Disclose          |
| <input type="radio"/> Not Applicable                 | <input type="radio"/> Not Applicable               |

**6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)**

|                          |   |                                     |                                     |
|--------------------------|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/>            | Rule 505                            |
| <input type="checkbox"/> | Rule 504 (b)(1)(i)                      | <input checked="" type="checkbox"/> | Rule 506(b)                         |
| <input type="checkbox"/> | Rule 504 (b)(1)(ii)                     | <input type="checkbox"/>            | Rule 506(c)                         |
| <input type="checkbox"/> | Rule 504 (b)(1)(iii)                    | <input type="checkbox"/>            | Securities Act Section 4(a)(5)      |
| <input type="checkbox"/> |   | <input type="checkbox"/>            | Investment Company Act Section 3(c) |

**7. Type of Filing**

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?       Yes       No

**9. Type(s) of Securities Offered (select all that apply)**

Pooled Investment Fund Interests       Equity

Tenant-in-Common Securities       Debt

Mineral Property Securities       Option, Warrant or Other Right to Acquire Another Security

Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security       Other (describe)

**10. Business Combination Transaction**

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?       Yes       No

Clarification of Response (if Necessary)

**On March 7, 2016, the Company entered into a Stock Purchase Agreement. The Company acquired 100% of the outstanding equity interests of Jade Therapeutics, Inc. ("Jade") and Jade became a wholly-owned subsidiary of the Company.**

**11. Minimum Investment**

Minimum investment accepted from any outside investor      \$  USD

**12. Sales Compensation**

Recipient       Recipient CRD Number        None

(Associated) Broker or Dealer       (Associated) Broker or Dealer CRD Number        None

Street Address 1       Street Address 2

City       State/Province/Country       ZIP/Postal Code

State(s) of Solicitation       All States

### 13. Offering and Sales Amounts

Total Offering Amount \$  USD  Indefinite  
Total Amount Sold \$  USD  
Total Remaining to be Sold \$  USD  Indefinite

Clarification of Response (if Necessary)

**Market value of the issued shares based on closing price on the date of issuance**

### 14. Investors

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 offering

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:

### 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 \$  USD  Estimate  
Finders' Fees \$  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.

\$  USD  Estimate

Clarification of Response (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

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 this notice is filed.
- 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       |
|--|------------------|----------------|--|------------|
| <b>EYEGATE<br/>PHARMACEUTICALS<br/>INC</b> | /s/ Stephen From | Stephen From   | President & Chief<br>Executive Officer | 2016-03-21 |