UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT PURSUANT
TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934

Date of report (Date of earliest event reported): **January 30, 2017**

EYEGATE PHARMACEUTICALS, INC.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of incorporation)

001-36672	**98-0443284**
(Commission File Number)	(IRS Employer Identification No.)
271 Waverley Oaks Road **Suite 108** **Waltham, MA**	**02452**
(Address of principal executive offices)	(Zip Code)

(781) 788-8869
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure.

EyeGate Pharmaceuticals, Inc. (the "Company") hereby furnishes the updated investor presentation attached as Exhibit 99.1 to this Current Report on Form 8-K, which the Company may use in presentations to investors from time to time, including at the Noble Financial Capital Markets' 13th Annual Conference, being held January 30-31, 2017 in Boca Raton, Florida, at which Stephen From, President and Chief Executive Officer of the Company, will be presenting on January 30, 2017.

The information furnished pursuant to Item 7.01, including Exhibit 99.1, shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act") and will not be deemed to be incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, except to the extent that the Company specifically incorporates it by reference.

The information furnished pursuant to Item 7.01, including Exhibit 99.1, shall not be deemed to constitute an admission that such information or exhibit is required to be furnished pursuant to Regulation FD or that such information or exhibit contains material information that is not otherwise publicly available. In addition, the Company does not assume any obligation to update such information or exhibit in the future.

Item 8.01. Other Events.

On January 30, 2017, the Company issued a press release announcing positive data from its first-in-human pilot trial of its EyeGate Ocular Bandage Gel, or EyeGate OBG, for the acceleration of epithelialization of large corneal epithelial defects in patients having undergone photorefractive keratectomy, or PRK. A copy of the press release is filed herewith as Exhibit 99.2.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

The Company hereby files the following exhibit:

99.1	Presentation of the Company, dated as of January 30, 2017.
99.2	Press Release of the Company, dated as of January 30, 2017.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

EYEGATE PHARMACEUTICALS, INC.

By: /s/ Stephen From
Stephen From
President and Chief Executive Officer

Date: January 30, 2017

Exhibit Index

99.1	Presentation of the Company, dated as of January 30, 2017.
99.2	Press Release of the Company, dated as of January 30, 2017.

Exhibit 99.1

EyeGate Pharmaceuticals, Inc.

Providing innovative products that enhance drug efficacy and patient compliance to improve vision

Corporate Presentation

Forward Looking Statements

Some of the matters discussed in this presentation contain forward-looking statements that involve significant risks and uncertainties, including statements relating to the prospects for the Company's lead product EGP-437, for the timing and outcome of the Company's clinical trials, the potential approval to market EGP-437, and the Company's capital needs. Actual events could differ materially from those projected in this presentation and the Company cautions investors not to rely on the forward-looking statements contained in, or made in connection with, the presentation.

Among other things, the Company's clinical trials may be delayed or may eventually be unsuccessful. The Company may consume more cash than it currently anticipates and faster than projected. Competitive products may reduce or eliminate the commercial opportunities of the Company's product candidates. If the U.S. Food and Drug Administration or foreign regulatory agencies determine that the Company's product candidates do not meet safety or efficacy endpoints in clinical evaluations, they will not receive regulatory approval and the Company will not be able to market them. Operating expense and cash flow projections involve a high degree of uncertainty, including variances in future spending rate due to changes in corporate priorities, the timing and outcomes of clinical trials, regulatory and developments and the impact on expenditures and available capital from licensing and strategic collaboration opportunities. If the Company is unable to raise additional capital when required or on acceptable terms, it may have to significantly alter, delay, scale back or discontinue operations.

Additional risks and uncertainties relating to the Company and its business can be found in the "Risk Factors" section of the Company's Annual Report on Form 10-K filed with the SEC on March 30, 2016 and the Company's Quarterly Report on Form 10-Q filed November 02, 2016. The Company undertakes no duty or obligation to update any forward-looking statements contained in this presentation as a result of new information, future events or changes in the Company's expectations, except as required by applicable law.

Company Overview

- **Ophthalmology company (NASDAQ: EYEG)**
- **EGP-437 (corticosteroid): proprietary delivery system**
  - **Anterior Uveitis:**
    - NDA submission year-end 2017
    - Licensed to Valeant Pharmaceuticals (Bausch + Lomb)
  - **Cataract Surgery:**
    - Phase 2 trial to be initiated Q1 2017
    - Supplemental NDA filing H2 2018
- **Crosslinked HA (Eye drop formulation):**
  - **Photorefractive Keratectomy (PRK):**
    - Positive results announced from first in man trial
    - FDA De Novo 510(k) filing by year-end 2017
    - European CE Mark by year-end 2017

Clinical Pipeline

Product	Indication	Stage	Targted Filing Dates
EGP-437 Iontophoresis	Anterior Uveitis	• 2nd Phase 3 Pivotal Trial: Enrolling	• NDA filing targeted for year-end 2017
	Cataract Surgery	• Phase 1b/2a completed: Positive data announced • Initiating Phase 2 Trial	• NDA supplemental filing targeted for H2 2018
OBG Crosslinked HA	Photorefractive keratectomy (PRK)	• Pilot Trial completed: Positive data announced • Next Trial: Initiation Q2 17	• 510(K) De Novo filing targeted for year-end 2017 • CE Mark targeted for year-end 2017

Two Unique Ophthalmic Platforms

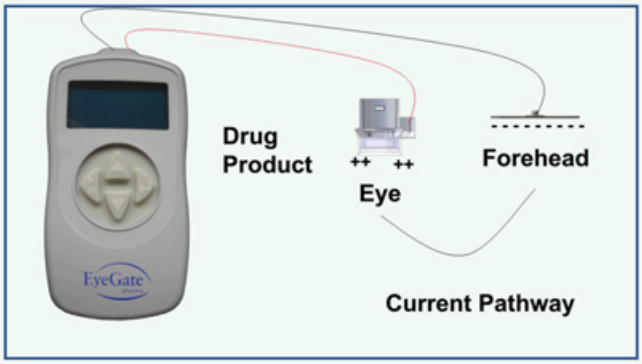
Iontophoresis

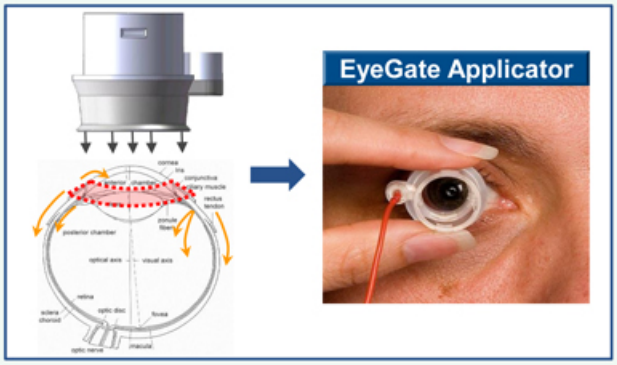
CMHA-S

Iontophoresis Platform: A Non-Invasive Method

of Propelling Charged Active Compounds Into Ocular Tissues

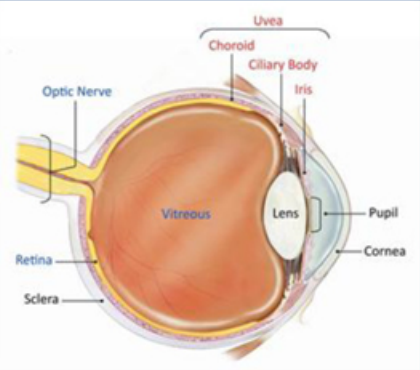
- Small electrical current (constant); current has same charge as active substance (drug)
- Electrode creates repulsive electromotive forces (like charges repel)
- Drug migrates toward return electrode, mobility a function of molecular weight and charge
- Drug dose controlled by 2 variables: Current (mA) x Application time (minutes)
- Software-regulated current and duration ensures proper dosing of compatible compounds
- Easy to use: ophthalmologist or optometrist in <5 minutes
- More than 2,000 treatments performed in clinic

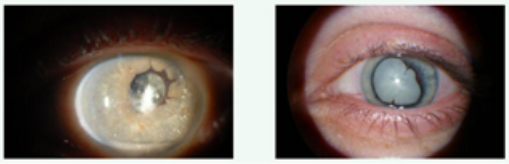




Uveitis Overview

- Inflammation of uvea tract
- Estimated 18% experience transient or permanent loss of vision annually
- Incidence in U.S. from approximately 26.6 – 102 per 100,000 annually
- Severity determined by number of white blood cells in the anterior chamber of the eye (Slit-lamp is used)
- Subjects required minimum 11 cells to be randomized to study (moderate to severe)





Non-compliance leads to sight-threatening complications

EGP-437: A Highly Differentiated Product

Dramatically Reduces Patient Burden from 154 to 2 or 3 Treatments

Standard of care: corticosteroid eye drops

- First pivotal Phase 3 trial: 2 EyeGate treatments vs. 154 eye drop treatments

2 to 3 treatments

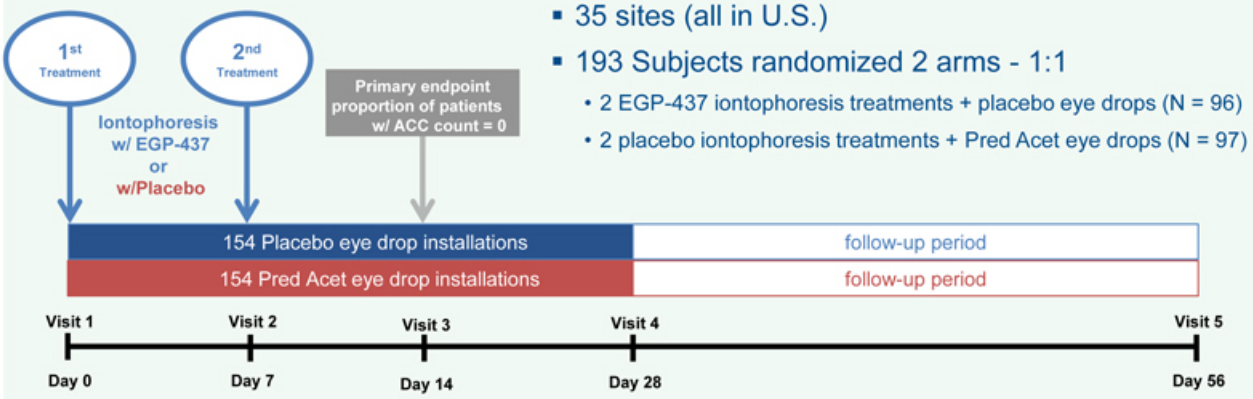
vs.

154 treatments

Initial Phase 3 Non-Inferiority Anterior Uveitis Trial

Trial Design and High-Level Results

Trial Design



- 35 sites (all in U.S.)
- 193 Subjects randomized 2 arms - 1:1
  - 2 EGP-437 iontophoresis treatments + placebo eye drops (N = 96)
  - 2 placebo iontophoresis treatments + Pred Acet eye drops (N = 97)

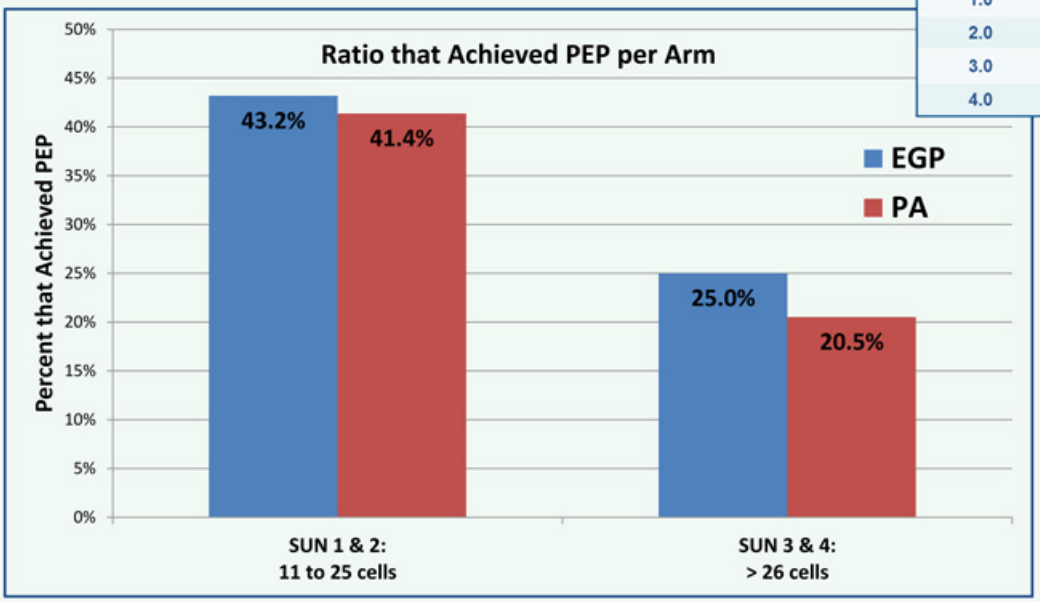
High-Level Results

- Successfully demonstrated same response rate when comparing EGP-437 to standard of care (prednisolone acetate 1%)
- Lower incidence of increased intraocular pressure (IOP) with EGP-437 treatment

Similar Outcome to Standard-of-Care

Grade	Cells
0	< 1
0.5	1 to 5
1.0	6 to 15
2.0	16 to 25
3.0	26 to 50
4.0	> 50

Percent of subjects[1] that achieved primary endpoint[2] (PEP)

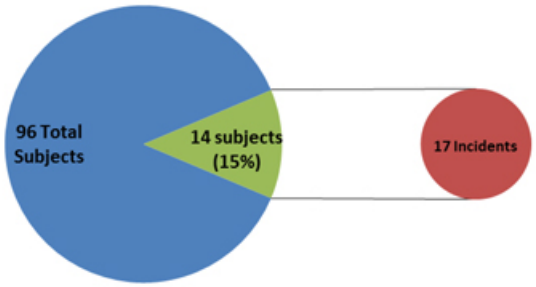


1. ITT = Intent to Treat
2. Primary End Point (PEP): Total cell clearing at Day 14

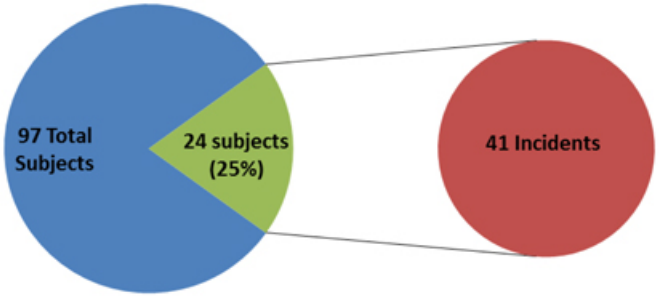
Safety: Intraocular Pressure

EyeGate pharma

EGP-437: Subjects with IOP Increase

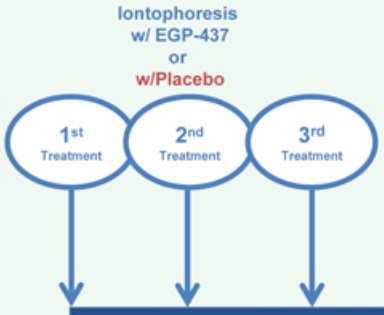


Pred Acetate: Subjects with IOP Increase

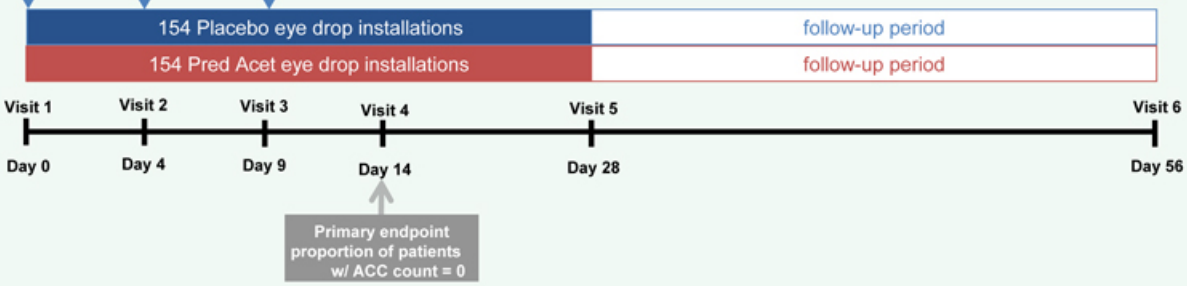


- Each subject had four IOP measurements (Day 7, 14, 28, and 56) compared to baseline (Day 0)
- Significantly less subjects with incidents in the EGP-437 arm
- 2.4x the number of incidents in the standard-of-care control arm

Anterior Uveitis:
Confirmatory Pivotal Phase 3 Trial Design



	First Phase 3	Confirmatory Trial
Number of Subjects	193	250
Number of Treatments	2 (Day 0 and Day 7)	3 (Day 0, Day 4 and Day 9)
Randomization	1:1	1:1 and SUN scale severity
Primary Endpoint	ACC Count = 0 at Day 14	



- **Control arm:** Same dose and frequency
- **Active arm:** Additional iontophoretic treatment prior to Primary Endpoint visit
  - Same iontophoretic dosage: 1.5mA by 2.7 minutes

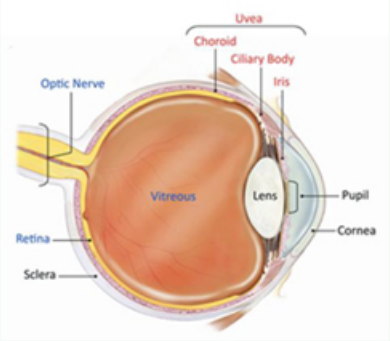
Licensing Agreement

EG® II Delivery System + EGP-437

- **Valeant Pharmaceuticals – Bausch + Lomb (NYSE/TSX: VRX)**
  - Exclusive license to manufacture, sell, distribute and commercialize throughout the world for use in field of uveitis
    - Upfront cash payment and milestone payments
    - Royalties based on net sales: high single digits
  - EyeGate responsible for completion of the development of anterior uveitis indication in U.S.
  - Valeant responsible for development outside U.S.
  - Valeant has right of last refusal for product outside field of uveitis
    - Must negotiate for access to additional indications

Cataract Surgery Overview

- Ocular inflammation and pain are common side effects following cataract surgery
  - > 24 million people age 40 and older have cataracts in the US
  - Nearly four million cataract surgeries are performed each year in the US[1]



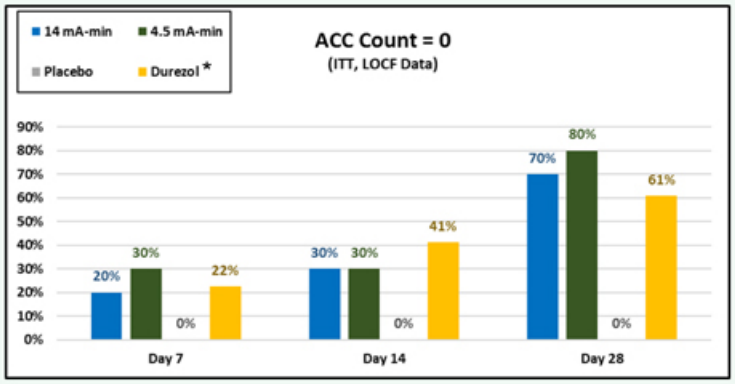
- **Positive outcome from Phase 1b/2a, 80 subject open-label dose ranging trial**
  - Subjects enrolled into cohorts (10 subjects/cohort)
  - Primary outcomes:
    - Proportion of subjects with anterior chamber cell (ACC) count of zero and
    - Proportion with pain score of zero

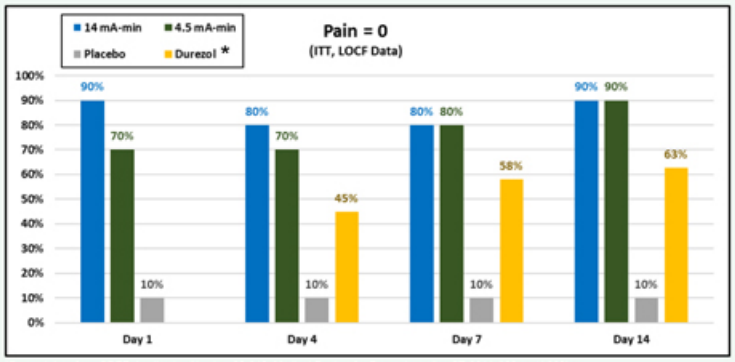
1. Market Scope, 2015 Comprehensive Report on The Global IOL Market, June 2015

Post-Cataract Surgery Inflammation

Positive Data Announced

- EGP-437 safe and effective in reducing inflammation and preventing pain with 2 different iontophoretic doses.
- Best responses observed with 4.5 mA-min and 14.0 mA-min doses
- Percentage of patients with ACC count of zero greater than Durezol* at Day 7 and Day 28
- Percentage of patients with zero pain better than Durezol* at Day 4, 7 and 14
- 8 of 10 subjects rescued by Day 4 in placebo arm – control arm for registration trials.
- Phase 2 trial initiation targeted for 1H 2017





*Durezol data from CDER Application Number 22-212: Medical Review for Durezol, studies ST-601A-002a and 002b.
Durezol data shown is based on combined data from both studies. QID dose, ITT, LOCF.
EGP-437 data from 14mA-min dosed on Days 0, 1, and 4 (some subjects received additional dose at Day 7) and is ITT, LOCF.

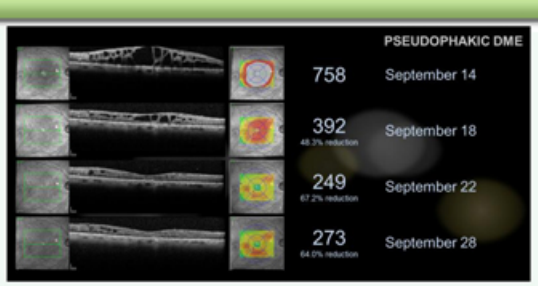
Macular Edema Interim Results

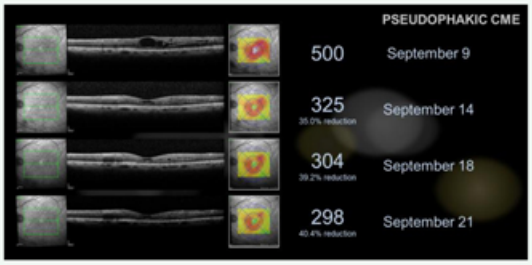
Confirms non-Invasive Delivery to Retina

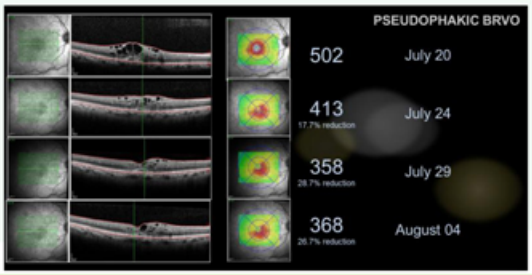
- **Trial confirms iontophoresis can non-invasively deliver efficacious quantities to back of eye**
- ME: abnormal thickening of macula associated with accumulation of excess fluid in extracellular space of neurosensory retina

	Number	DME	RVO	CME
Phakic	9	6	3	
Pseudophakic	9	4	3	2

- **Efficacy:** one-third of subjects responded
  - Positive response from all subtypes (DME, RVO and CME)
- **Excellent Safety:** no increase in IOP
- **Enrollment completed**
  - Under review for further development

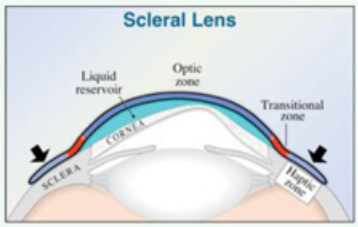


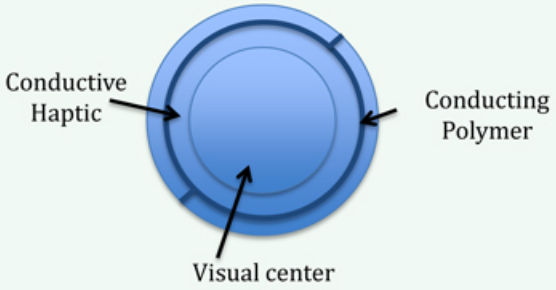




Evolution of a Platform
At Home Version

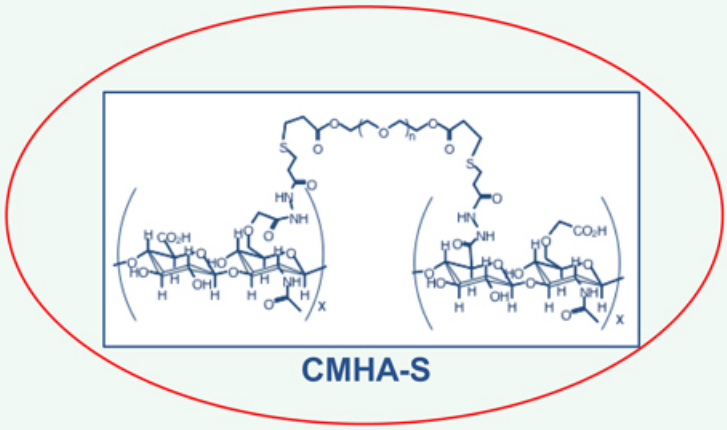
- **Objective:** Drug loaded contact lens with iontophoresis electronics
- **Two layer lens**
  - Layer 1: sits on surface of eye – loaded with drug
  - Layer 2: sits on top of Layer 1 – incorporates iontophoresis electronics





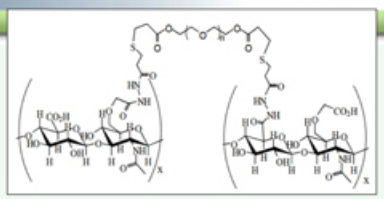
Two Unique Ophthalmic Platforms

Iontophoresis



CMHA-S

CMHA-S Platform

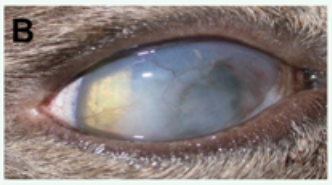


- Cross-linked thiolated hyaluronic acid (CMHA-S) platform
  - Hyaluronic Acid (HA) – a polymer of disaccharides
- **HA** occurs **naturally in the human body** with qualities ideal for ocular surface
  - **Promotion of wound healing and lubrication**
- Native **HA** has a relatively short half-life (**degrades rapidly**)
  - Crosslinking HA creates a 3D structure that stabilizes the molecule (**resists degradation**)
  - Adheres longer to the ocular surface
  - Higher viscosity that thins with blinking and is **non blurring**
  - Matrix **protects the ocular surface**
- Can be formulated as a liquid (**eye drop**) or a solid (shield/film)
  - First-in-man clinical trial with eye drop formulation completed
  - Data expected Q1 2017

The EyeGate Ocular Bandage Gel

Eye Drop Formulation

- A clear hydrogel (or liquigel) eye drop with a 0.75% concentration of CMHA-S
  - Cross-linked to provide reduced degradation on the eye
  - Exhibits significant shear thinning properties, that enables better residence time with less optical blur
- Forms a thin layer over the ocular surface, protecting the eye:
  - ***For acceleration of re-epithelialization of large corneal epithelial defects in patients having undergone photorefractive keratectomy (PRK)***
- Commercially available as a veterinary device, manufactured by SentrX Animal Care and sold in the U.S. by Bayer Animal Health as Remend® Corneal Repair[1]
  - 5 years in dogs, cats and horses, with an excellent safety profile
- Efficacy has been demonstrated in masked, randomized clinical studies of corneal defects in dogs and cats



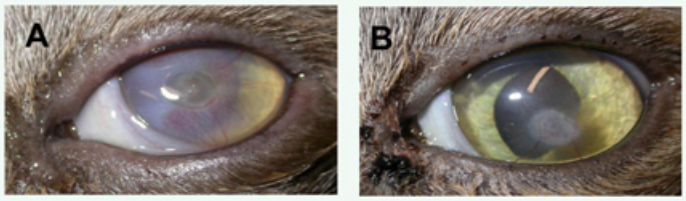
Molly a 12 year old cat with a non-healing corneal defect
- Non-healing at 42 days (A)
- Ulcer healing after 12 days of using 0.75% CMHA-S (B)

1. EyeGate has human ophthalmic rights only. Visit http://www.bayerdvm.com/show.aspx/remend-cross-linking-video

Healing Corneal Ulcers with an Eye Drop

Efficacy Study: Cats and Dogs

- Post-traumatic corneal stromal ulceration is painful and potentially sight-threatening
- Study Objective[1]: Compare healing time (corneal re-epithelialization) of corneal stromal ulcers in cats and dogs in a clinical setting using crosslinked CMHA-S versus non-crosslinked HA
  - Animals diagnosed with naturally occurring acute corneal stromal ulceration
  - Animals randomized to either arm, double-masked
  - Animals received 1-2 drops of CMHA-S or HA in affected eye, 3x/day, until healed
  - Ulcer presence evaluated by fluorescein staining; time to ulcer healing (no staining) documented
- Results: Ulcers healed significantly faster with CMHA-S than with non-crosslinked HA
  - Cats (N=30 or 15 per arm): 21.0 vs 31.8 days (p=0.01) for CMHA-S vs HA respectively
  - Dogs (N=30 or 15 per arm): 14.8 vs 18.3 days (p=0.04) for CMHA-S vs HA respectively
- A topical treatment that increases rate of ulcer healing would potentially be clinically important



Finnegan Bell, a 5 year old cat with a non-healing corneal defect

- Non-healing at 35 days (A)
- Healed after 10 days of using 0.75% CMHA-S (B)

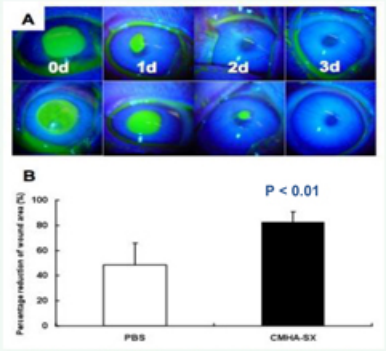
1. ARVO poster 2016: Williams, University of Cambridge (UK); Wirostko, EyeGate; Mann, EyeGate

Healing Corneal Abrasions and Alkali Burns

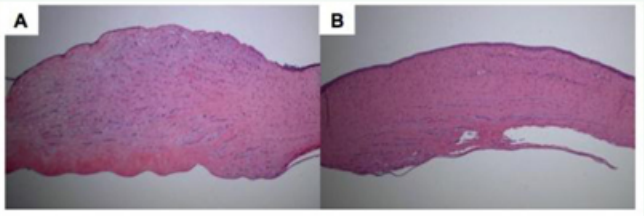
Efficacy Study: Rabbits

In addition to enhanced rate of healing, CMHA-S appears to significantly improve the quality of the healed corneal epithelium

- Study Objective[1]: Evaluate the efficacy of CMHA-S for treatment of corneal epithelial abrasion and standardized alkali burn injuries
  - 12 NZW rabbits, 6 per group, both eyes, wounds = 6.0mm x 6.0mm
  - Rabbits received CMHA-S drops in right eye and PBS drops in left eye (control), 4x/day for 1 week
  - Wound size determined by fluorescein staining; corneas collected for histological examination
- Results: Wound closure rate of central corneal epithelium faster in CMHA-S group
  - Abrasion: Wound closure complete at 48 hours with CMHA-S
  - Burns: Complete re-epithelization at Day 12 for CMHA-S but not for control
  - Also, CMHA-S treated cornea exhibited better epithelial and stromal organization than control group



A. Fluorescein staining of corneal epithelial abrasions
B. Quantitative analysis at 24 hrs; 49 vs 83% complete



Histology of alkali burn healing

A. Control at Day 12 central wound with unhealed corneal epithelium
B. CMHA-S treated central epithelium and corneal stroma showing a better organization than control

1. Guanghui Yang, Ladan Espandar, Nick Mamalis and Glenn D. Prestwich, Veterinary Ophthalmology 2010

Large Underserved Market

The EyeGate Ocular Bandage Gel

- Epithelial defects can lead to ocular infections, inflammation, corneal neovascularization, and vision loss if not treated promptly and healed rapidly.
  - Infectious keratitis (corneal infections and ulcers) that result from an exposed corneal surface can be a major cause of vision loss.
- The World Health Organization estimates that corneal opacities, including corneal ulceration, are the 4th leading cause of blindness in the world.
  - Annual occurrence of corneal ulcers is roughly 1.5 to 2 million cases
- Billion $ opportunity as corneal epithelial defects are highly prevalent
  - 18% of emergency room visits (trauma, work related injuries)
  - Military (chemical and blast injuries)
  - Diabetics with corneal wounds
  - Superficial Punctate Keratitis
  - Surgical procedures including, Lasik, Photorefractive Keratectomy (PRK) and Cataract
- **NO eye drop approved or available in the US for accelerating corneal re-epithelization**

The EyeGate Ocular Bandage Gel

Clinical Trial Design

- Initial pilot study will be for photorefractive keratectomy (PRK) patients
  - Objective is to evaluate safety and performance of our eye drop administered QID for 14 days with or without a bandage contact lens (BCL) as compared to artificial tears and a bandage contact lens.
  - Primary effectiveness endpoint will be time to re-epithelization of epithelial defect following PRK surgery
  - Prospective, randomized, controlled study in up to 39 subjects undergoing bilateral PRK surgery
- Subjects will be randomized 1:1:1 to one of 3 groups, with both eyes of each subject receiving the same treatment:
  - Arm 1: EyeGate Ocular Bandage Gel QID for 2 weeks after surgery without a BCL
  - Arm 2: EyeGate Ocular Bandage Gel QID for 2 weeks after surgery in combination with a BCL
  - Arm 3: Artificial tears and BCL
- PRK is an efficacious alternative for patients seeking surgical correction of refractive errors who are not suitable candidates for LASIK.
  - The military prefers PRK surgery due to the stability of the PRK incision and the absence of risk for flap dislocation during military active duty.
- Expect top-line data prior to year-end 2016
  - Intended for management of corneal epithelial defects and for the acceleration of re-epithelization of the ocular surface following surgery, injection, traumatic, and non-traumatic conditions.

The EyeGate Ocular Bandage Gel

Top-Line Data

- Excellent safety and tolerability
- Greater % of pts in arm 1 "OBG alone" were healed by Day 3
  - 75% of subjects in arm 1 had full closure at Day 3 vs 53.8% in the BCL arm: a ~40% increase
- At Day 1, 24 hrs post surgery, the wound area/size was 53.3% smaller in arm 1 (OBG alone) than the BCL (standard of care) arm.

	# Subjects	% Wound Closed[2]	Surface Area[3]
Arm 1: OBG	12	75.0%	18.5
Arm 2: OBG + BCL	14	64.3%	40.7
Arm 3: BCL + AT[1]	13	53.8%	39.5
Total Subjects Enrolled	**39**		
OBG vs BCL: % better		**39.3%**	**53.3%**

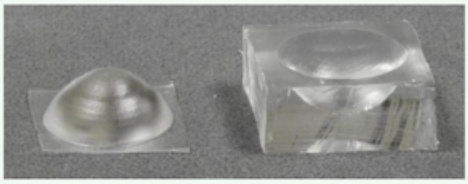
- Next Steps: File IDE Q1 17 followed by next trial Q2 17

1. AT = artificial tears
2. % of wounds per arm on Day 3
3. surface area in mm squared

Solid or Film Formulations (2 Versions)

Research Funded by Grants

1. **DoD SBIR Grant:** Phase II Status
   - **Ocular Surface Shield:** A sterile, field-stable product that is easily applied to immediately protect and promote healing of the ocular surface
   - Applied directly onto the damaged cornea at the time of injury – without suturing or adhesives – should improve "return to duty" rates and visual outcomes not only for combatants but also for civilians suffering from serious ocular surface conditions
   - **Desired Properties of the Film:**
     - Easy to place, requiring no sutures or glue
     - Allows for immediate stabilization of the eye following trauma
     - Remains in place during the initial healing process, and up to 7 days
     - Promotes ocular tissue repair
     - **Prevents adhesions and scar formation** between the globe and the conjunctiva

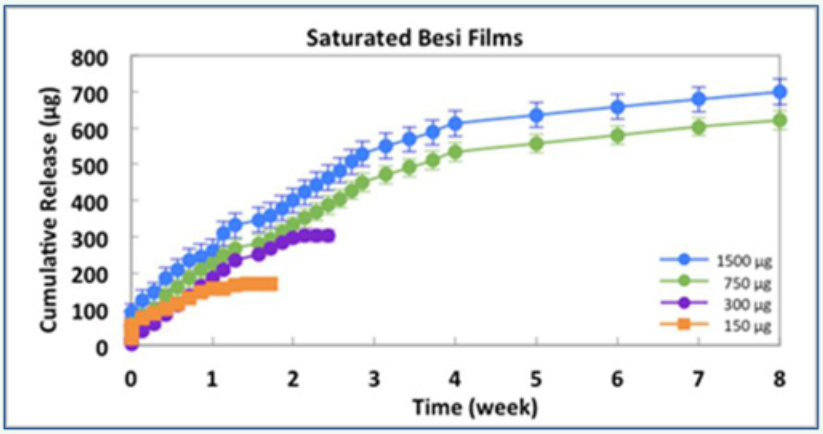


Solid or Film Formulations (2 Versions)

Research Funded by Grants

2. NSF SBIR Grant: Phase II Status

- **Films/Pellet:** Topical sustained-release delivery vehicle placed under inferior fornix
  - Release Profile: High-load product still releasing at 8 weeks (*in vitro* study ongoing)
  - Retention Rate: Re-engineering design for longer retention rates to mirror release profile
  - Delivery vehicle for short or long-term acute or chronic conditions including
    - Antibiotic: bacterial conjunctivitis/keratitis
    - Antihistamine: seasonal/perennial allergies
    - Prostaglandins: glaucoma



Company Overview

- **Ophthalmology company (NASDAQ: EYEG)**
- **EGP-437 (corticosteroid): proprietary delivery system**
  - **Anterior Uveitis:**
    - NDA submission year-end 2017
    - Licensed to Valeant Pharmaceuticals (Bausch + Lomb)
  - **Cataract Surgery:**
    - Phase 2 trial to be initiated Q1 2017
    - Supplemental NDA filing H2 2018
- **Crosslinked HA (Eye drop formulation):**
  - **Photorefractive Keratectomy (PRK):**
    - Positive results announced from first in man trial
    - FDA De Novo 510(k) filing by year-end 2017
    - European CE Mark by year-end 2017

Exhibit 99.2

EyeGate Pharma Announces Positive Top-line Data from First-in-Human Pilot Trial of Ocular Bandage Gel in Corneal Epithelial Defects

Company Plans to Continue Development with Next Controlled Trial Q2 2017

WALTHAM, Mass., January 30, 2017 — EyeGate Pharmaceuticals, Inc. (NASDAQ: EYEG) ("EyeGate" or the "Company"), a specialty pharmaceutical company that focuses on developing and commercializing products for treating diseases and disorders of the eye, today announced topline results from the first-in-human pilot trial of its EyeGate Ocular Bandage Gel ("EyeGate OBG") for the acceleration of re-epithelialization of large corneal epithelial defects in patients having undergone photorefractive keratectomy ("PRK").

The EyeGate OBG is a clear viscous hydrogel eye drop with a 0.75% concentration of CMHA-S hydrogel, capable of coating the ocular surface with little to no optical blur and designed to resist degradation under conditions present in the eye. The prolonged residence time of the bandage on the ocular surface, it is thought, addresses the limitations of current non-cross-linked hyaluronic acid formulations.

The prospective, randomized, controlled study enrolled 39 subjects undergoing bilateral PRK surgery and aimed to assess the safety and performance of EyeGate OBG on its own or combined with a Bandage Contact Lens ("BCL") compared to the current standard of care, artificial tears and BCL. The primary endpoint of the study was complete wound closure by Day 3.

The enrolled subjects were randomized into one of three study groups, with subjects receiving the same treatment in both eyes:

- Patients in arm 1 (n=12) received EyeGate Ocular Bandage Gel four times daily (QID) for 2 weeks after surgery
- Arm 2 (n=14) was comprised of EyeGate Ocular Bandage Gel QID for 2 weeks after surgery in combination with a BCL
- Arm 3 (n=13) was comprised of artificial tears administered 4 times daily and BCL.

The study demonstrated safety and tolerability of EyeGate OBG, with encouraging potential efficacy. 75% of the subjects in Arm 1 (EyeGate OBG alone) achieved complete wound closure by Day 3, compared to 53.8% of patients that received the standard of care. Additionally, the average wound surface area on Day 1 (24 hours post-surgery) was 18.5 mm^2 for patients in the EyeGate OBG alone arm compared to 39.5mm^2 in the BCL arm, a 53.3% improvement.

Based on these positive results, EyeGate plans to continue development with a double-masked, controlled trial evaluating EyeGate OBG monotherapy against BCL in Q2 2017.

Dan Durrie, M.D., Clinical Professor and Director of Refractive Surgery Services at the University of Kansas Medical Center and a Principal Investigator of study said, "The results of this pilot trial are extremely exciting, as Eyegate OBG not only showed safety and tolerability results, but also demonstrated encouraging signs of potential efficacy, with 9 of 12 subjects achieving complete closure by Day 3 and a significant reduction in average wound size just 24 hours after surgery. These data suggest that the product has the potential to provide significant benefit in the treatment of various types of corneal epithelial defects."

Barbara Wirostko M.D., Chief Medical Officer of EyeGate added, "Corneal epithelial defects represent a large, underserved market with no approved eye drops available in the United States for accelerating corneal re-epithelization. Such defects can lead to ocular infections, inflammation, corneal neovascularization, and vision loss if not treated promptly and effectively. The positive results from this pilot study of Eyegate OBG reinforces our belief in the product's potential as a viable option for the treatment of corneal epithelial defects. We are highly encouraged by the data and remain committed to further exploring EyeGate OBG in future clinical trials."

About EyeGate:
EyeGate is a clinical-stage specialty pharmaceutical company that is focused on developing and commercializing products for treating diseases and disorders of the eye. EGP-437, the Company's first product in clinical trials, incorporates a reformulated topically active corticosteroid, Dexamethasone Phosphate that is delivered into the ocular tissues through EyeGate's proprietary innovative drug delivery system, the EyeGate® II Delivery System. In addition, EyeGate is developing, through its wholly-owned Jade subsidiary, products using cross-linked thiolated carboxymethyl hyaluronic acid ("CMHA-S"), a modified form of the natural polymer hyaluronic acid (HA), which possesses unique physical and chemical properties such as hydration and healing properties. The ability of CMHA-S to adhere longer to the ocular surface, resist degradation and protect the ocular surface makes it well-suited for treating various ocular surface injuries. For more information, please visit www.EyeGatePharma.com.

Safe Harbor Statement:
Some of the statements in this press release are "forward-looking" and are made pursuant to the safe harbor provision of the Private Securities Litigation Reform Act of 1995. These "forward-looking" statements include statements relating to, among other things, the commercialization efforts and other regulatory or marketing approval efforts pertaining to EyeGate's products, including EyeGate's EGP-437 combination product and those of Jade, a wholly owned subsidiary of EyeGate, as well as the success thereof, with such approvals or success may not be obtained or achieved on a timely basis or at all. These statements involve risks and uncertainties that may cause results to differ materially from the statements set forth in this press release, including, among other things, certain risk factors described under the heading "Risk Factors" contained in our Annual Report on Form 10-K filed with the SEC on March 30, 2016, and our Quarterly Report on Form 10-Q, as filed with the SEC on May 13, 2016 or described in our other public filings. Our results may also be affected by factors of which we are not currently aware. The forward-looking statements in this press release speak only as of the date of this press release. EyeGate expressly disclaims any obligation or undertaking to release publicly any updates or revisions to such statements to reflect any change in its expectations with regard thereto or any changes in the events, conditions or circumstances on which any such statement is based.

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