
**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 8, 2018**

EYEGATE PHARMACEUTICALS, INC.

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation)

001-36672
(Commission File Number)

98-0443284
(IRS Employer Identification No.)

**271 Waverley Oaks Road
Suite 108
Waltham, MA**
(Address of principal executive offices)

02452
(Zip Code)

(781) 788-9043
(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))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

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 36th Annual J.P. Morgan Healthcare Conference, being held January 8-11, 2018, in San Francisco, California.

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 in this report, 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 9.01. Financial Statements and Exhibits.

(d) Exhibits.

The Company hereby furnishes the following exhibit:

[99.1 Presentation of the Company, dated as of January 8, 2018.](#)

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 8, 2018

Exhibit Index

99.1 Presentation of the Company, dated as of January 8, 2018.



***Two Versatile Platforms
Moving Towards
Commercialization***

CORPORATE PRESENTATION

EyeGate Pharmaceuticals, Inc.
271 Waverley Oaks Road, Suite 108 Waltham, MA 02452
www.eyegatepharma.com

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 February 23, 2017. 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.

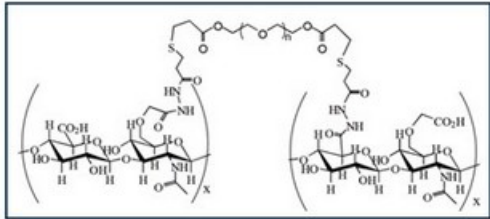
The Company uses its website (www.EyeGatePharma.com), Facebook page (<https://www.facebook.com/EyeGatePharma/>), corporate Twitter account (<https://twitter.com/EyeGatePharma>), and LinkedIn page (<https://www.linkedin.com/company/135892/>) as channels of distribution of information about the Company and its product candidates. Such information may be deemed material information, and the Company may use these channels to comply with its disclosure obligations under Regulation FD. Therefore, investors should monitor the Company's website and its social media accounts in addition to following its press releases, SEC filings, public conference calls, and webcasts. The social media channels that the Company intends to use as a means of disclosing the information described above may be updated from time to time as listed on the Company's investor relations website.

Two Product Platforms for Eye Disorders



Two platforms in the clinic with two FDA filings expected in 2018

Ocular Bandage Gel (OBG) Eye Drop: Disrupting Dry Eye and Corneal Wound Market



Disease Area	Preclin	POC	Pilot	Pivotal
Large Corneal Wounds Photorefractive Keratectomy	▶			
Punctate Epitheliopathies Focus: Moderate Dry Eye	▶			
Punctate Epitheliopathies Focus: Severe Dry Eye	▶	OBG + Corticosteroid		

EyeGate II Iontophoresis Delivery System: Delivering a Corticosteroid (EGP-437)



Disease Area	Preclin	Ph 1b/2a	Ph 2b	Ph 3
Anterior Uveitis	▶			
Cataract Surgery	▶			
Contact Lens Macular Edema	▶			

Ocular Bandage Gel (OBG) Eye Drop

- A crosslinked hyaluronic acid (CMHA-S) for corneal wounds and epitheliopathies

Hyaluronic acid (HA) is a naturally occurring compound in the body

- ~15 grams of HA in an adult human body
- Possesses unique properties such as hydration (synovial fluid) and promotion of wound healing (skin): ideal for ocular surface
- Issue: rapidly degrades, one-third is naturally turned-over (degraded and synthesized) every day

Properties

High-molecular weight HA is non-immunogenic

High-molecular weight HA binds up to 1,000 times its volume in water weight

HA provides: hydration, lubrication of joints, and a meshwork for cell migration

Regulatory Approvals

U.S. – Dermatology & Osteoarthritis

- HA approved in the U.S. as a device for wound and burn management and injections to treat knee pain caused by osteoarthritis

Ex-U.S. – Dry Eye & Wound Healing

- Low concentration formulations of HA eye drops (0.1% to 0.4%) are the standard of care in Europe and Asia for ocular wound healing, dry eye and ocular surface damage

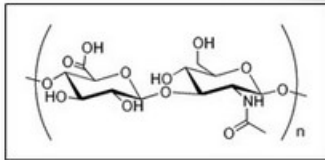
EyeGate's CMHA-S Platform:

A unique crosslinked version of Hyaluronic acid

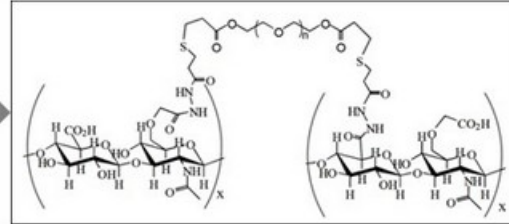


First and only eye drop candidate in the U.S. targeting acceleration of re-epithelialization

Hyaluronic acid



Crosslinked HA



Crosslinking - Prevents Degradation and Increases Ocular Surface Retention

- Crosslinking creates a 3D structure that stabilizes the molecule (**resists degradation**)
- Prolonged residency time on the ocular surface (**90 to 120 minutes**)
- Higher viscosity/shear rate – thins with blinking and is **non blurring**
- Scaffolding matrix - **protects the ocular surface**
- **Enables potential development of a high concentration HA eye drop (0.75%) for treating a wide variety of ocular surface pathologies from dry eye to wound healing**

Demonstrated efficacy and safety in animals



Commercially available as a veterinary device

- Manufactured by SentrX Animal Care
- Sold in the U.S. and certain European countries by Bayer Animal Health as Remend® Corneal Repair¹
- 5 years in thousands of dogs, cats and horses, with an excellent efficacy/safety profile

Efficacy of CMHA-S has been demonstrated in various animal pathologic conditions

- Post traumatic corneal stromal ulcers (real world dogs and cats)
- Corneal abrasion and alkali burn injuries (rabbit models)
- Dry eye (veterinary dogs who failed topical cyclosporine)

Molly: 12 year old cat with a non-healing corneal defect



A. Non-healing at 42 days



B. Ulcer healing after 12 days of using 0.75% CMHA-S

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

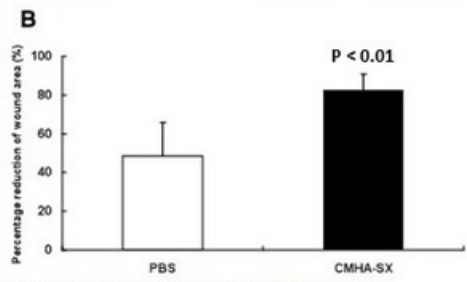
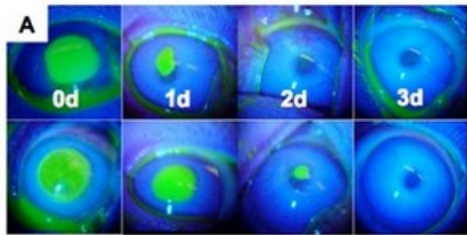
Healing Corneal Abrasions and Alkali Burns

Efficacy Study: Rabbits¹

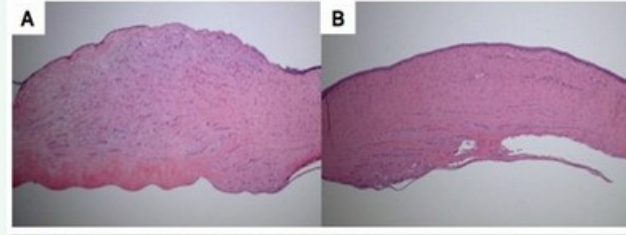


CMHA-S treated central corneal epithelium exhibited a faster wound closure

CMHA-S treated cornea exhibited “more normal” epithelial and stromal organization



A. Fluorescein staining of corneal epithelial abrasions
B. Quantitative analysis at 24 hours; 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

- **Abrasion:** Wound closure complete by 48 hours with CMHA-S
- **Burns:** Complete re-epithelization at Day 12 for CMHA-S but not for control

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

Meeting with FDA (Nov 2016) confirms *de novo* 510(k) filing path

- **No predicate device – label determined by clinical trials**
 - Superiority claim must be supported by pivotal trial against standard-of-care
 - Pilot trial required to determine powering of superiority for pivotal trial
- **Initial claim discussed: acceleration of re-epithelization of corneal wounds/defects**
 - PRK is an excellent homogenous model for measuring time to corneal wound repair
- **Broadening indication for use (IFU) can be pursued without a pivotal trial**
 - A trial that demonstrates benefit based on size of defect and not a specific indication is sufficient: a superiority claim against standard of care not necessary
- **Development plan includes additional superiority claim: reduction in corneal staining**
 - Punctate Epitheliopathy (PE) ideal group for epitheliopathies
 - Aligns with moderate dry eye

Two indications: Photorefractive Keratectomy and Punctate Epitheliopathies

CMHA-S Eye Drop Accelerates Corneal Surface Re-Epithelialization



Completed First Human Clinical Trial in PRK Patients

- ✓ **PRK surgery provides several advantages as indication to evaluate the Ocular Bandage Gel (OBG)**
 - A homogenous patient population with same size, large epithelial defects
- ✓ **39 subjects randomized to one of three groups: both eyes received the same treatment**
 - i) OBG alone (ii) OBG + Bandage Contact Lens (BCL) (iii) Standard of care (BCL + Artificial Tears)
 - OBG alone demonstrates accelerated wound healing vs standard of care
 - 30% more patients healed by Day 3
 - Additionally, wound size was as much as ~36% smaller as early as Day 1 (24 hours post surgery) with OBG alone

	# Subjects per arm	Closed Wound: Day 3		Length in mm			
				Day 1		Day 3	
				Horizontal	Vertical	Horizontal	Vertical
Arm 1: OBG	12	10	83.3%	4.1	4.5	0.10	0.20
Arm 2: OBG + BCL	14	9	64.3%	6.3	6.50	0.30	0.30
Arm 3: BCL + AT ¹	13	7	53.8%	6.4	6.20	0.60	0.60
Total Subjects Enrolled	39						
OBG: % better than BCL			54.8%	35.9%	27.4%	83.3%	66.7%

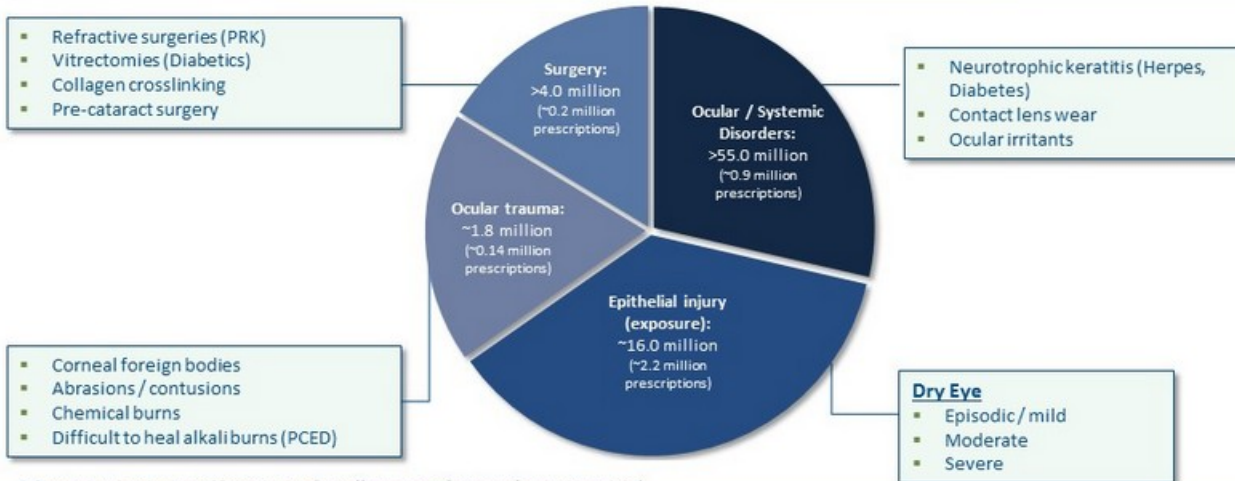
Targeting Moderate Dry Eye Patients with Top-line Data expected Q2 2018

- **PE as defined by fluorescein staining of cornea: NEI scale**
 - Randomization: NEI score between 5 and 12
- **50 subjects for 2 arm trial: 25 subjects per arm**
 - Safety will include both eyes (N = 60)
- **28 Day trial: 2 week wash-out/run-in followed by 2 weeks of two arms**
 - Day -14 screening: all subjects stop all topicals and take Refresh PF artificial tears QID OU for 14 days
 - Day 0 randomization: OBG QID for 14 days vs Refresh PF artificial tears QID OU for 14 days
- **Primary performance outcome:**
 - Change in NEI corneal staining score from baseline to Day 14 between OBG arm and artificial tears arm for the study eye

EyeGate's proprietary crosslinking provides unique differentiation

- Targeting data from next PRK trial and PE trial in first half of 2018, with anticipated filing of de novo 510(k) by year-end 2018

Corneal Wounds and Epitheliopathies: U.S. Numbers



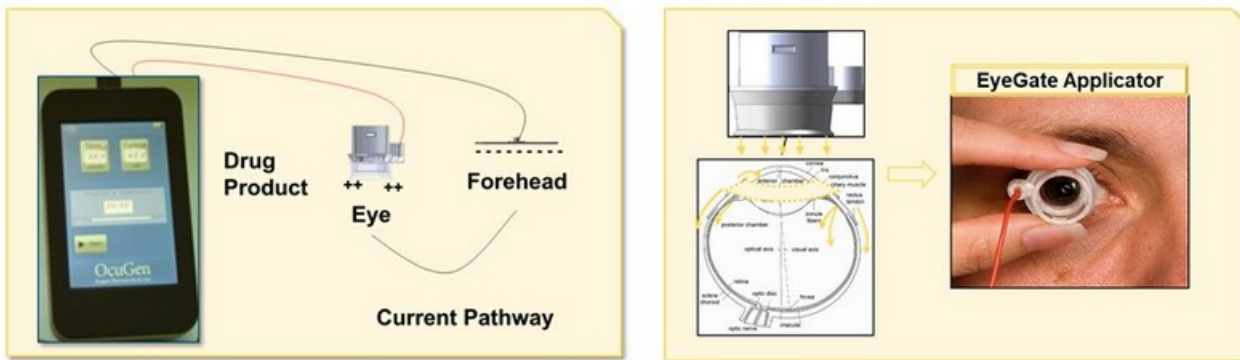
1. Source: American Academy of Ophthalmology (<https://www.aao.org/newsroom/eye-health-statistics>)

Iontophoresis Delivery Platform

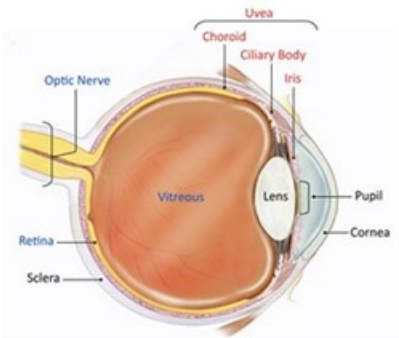
- Post Cataract Surgery
- Treatment of Anterior Uveitis
- Next Generation Contact Lens Drug Delivery
 - Treatment of Macular Edema

A non-invasive method of propelling charged active compounds into ocular tissues

- ✓ Small electrical current propels drug into the eye
- ✓ Dose controlled by Current (mA) x application time
- ✓ Improves compliance: **reduces applications by almost 98%** (2 treatments vs ~154 eye drops)
- ✓ **More than 2,400 treatments** performed to date by ophthalmologists and optometrists (**<5 minutes**)
- ✓ Utilizes **standard of care dexamethasone** steroid as active ingredient

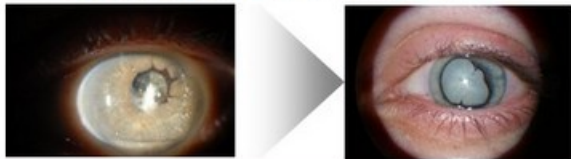


Dexamethasone: a potent anti-inflammatory corticosteroid



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

Non-compliance leads to sight-threatening complications



- Etiology assault based (cataract surgery) vs primarily auto-immune (anterior uveitis)
- Inflammation of uveal tissue including iris and/or ciliary body
- Inflammation severity determined by number of white blood cells in the anterior chamber of the eye (slit-lamp used)
- Primary end-point is proportion of subjects with zero cells in EGP-437 arm vs control arm

EGP-437: A Highly Differentiated Product

Dramatically Reduces Patient Burden



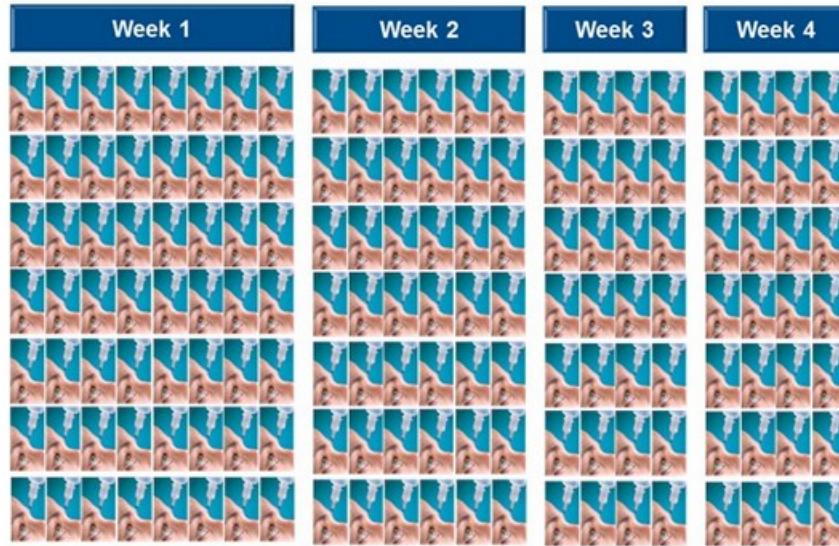
Corticosteroid eye drops: Standard of care for both indications

2 to 3 EyeGate treatments



VS

Up to 154 eye drop treatments





- Worldwide exclusive licenses to manufacture, sell, distribute and commercialize EGP-437 delivered with Iontophoresis EG II Delivery System for **Cataract Surgery** and **Uveitis only**
 - **\$135M in potential payments, including up-front, development & commercial milestones**
 - **Cataract : \$4M up-front**, up to \$99M dev. & commercial milestones (February 2017)
 - **Anterior Uveitis: \$1M up-front**, up to \$32.5M dev. & commercial milestones (July 2015)
 - **High single digit royalties based on net sales:** upward adjustment to double-digit based on sales for cataract surgery
- EyeGate responsible for completion of the clinical development and FDA filing for both indications
- Valeant responsible for development outside U.S.
- Valeant has right of last refusal for product outside of licensed fields

Cataract Surgery

The most common surgical procedure
performed by ophthalmic surgeons

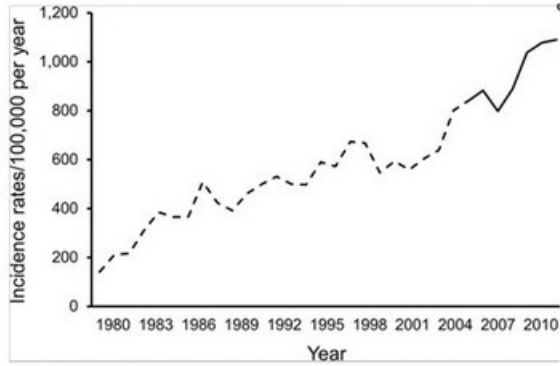
Iontophoresis Delivery Platform

Cataract Surgery Market Opportunity



2015 Cataract surgery incidence: ~4M in U.S., ~20M Worldwide¹

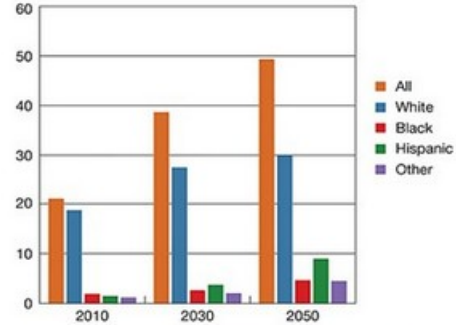
Number of surgeries has increased steadily...



Source: J Cataract Refract Surg. 2013 Sep; 39(9): 1383-1389.

...and could double by 2050 following projected cataract incidence growth.

Projections for Cataract in 2030 and 2050 (in millions)



Source: National Institute of Health - National Eye Institute

Cataract surgery incidence: ~4 million¹ annually in U.S. in 2015
Likely to double (following incidence rates) by 2050

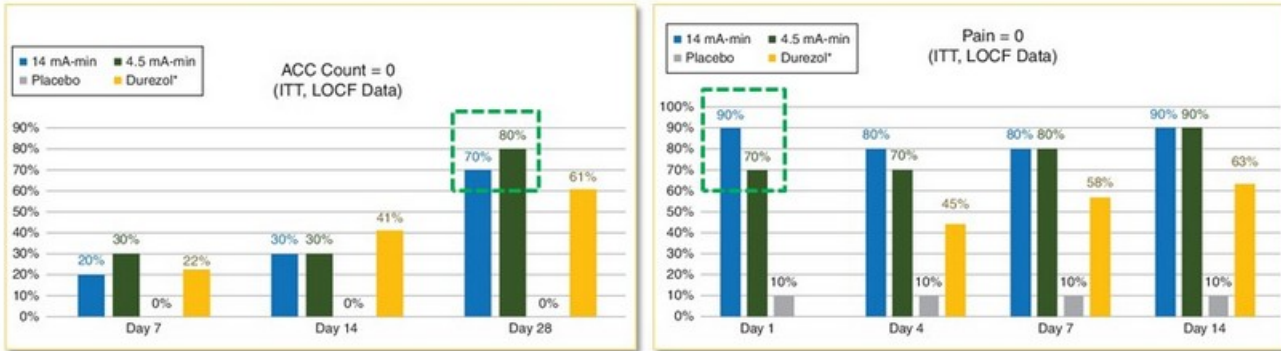
1. Market Scope, 2015 Comprehensive Report on The Global IOL Market, June 2015

Iontophoresis Delivery Platform

Positive Cataract Surgery Phase 1b/2a Clinical Trial Results



EGP-437 demonstrated safe and effective in reducing inflammation and preventing pain



Cohorts receiving the 4.5 mA-min and the 14 mA-min doses of iontophoretic EGP-437 generated the most encouraging results

- ✓ Cell count (ACC) of zero in 20-30% of patients at day 7 and 70-80% of patients at Day 28
- ✓ Percentage of patients in 4.5 and 14 mA-min doses with zero pain on day 1 was 70% and 90% respectively

Phase 2b trial top-line data targeted for Q1 2018

1. 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.

Anterior Uveitis

Confirmatory Phase 3 Data in 2Q 2018



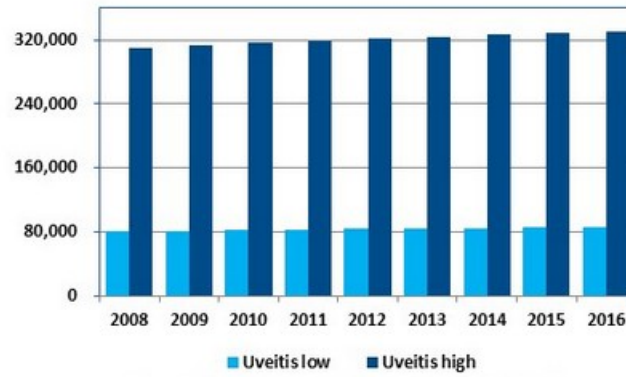
Iontophoresis Delivery Platform

Anterior Uveitis Market Opportunity



2015 Anterior Uveitis incidence: ~26.6 to 102 per 100,000 annually in U.S.

Incidence of Anterior Uveitis in the U.S. 2008-2016



Source: JAMA Ophthalmol. 2016 Nov 1;134(11):1237-1245

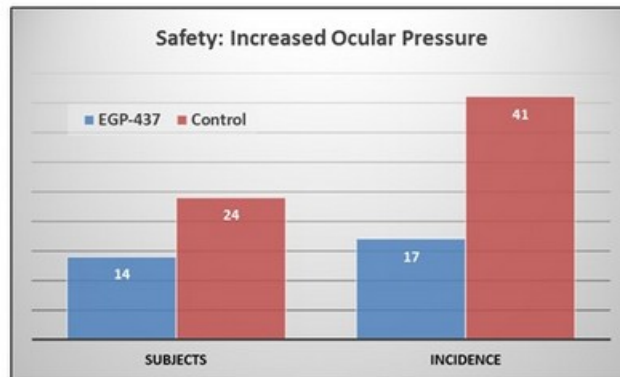
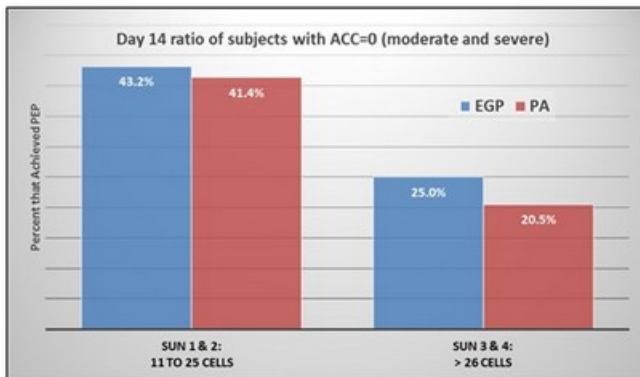
EyeGate II Iontophoresis System reduces dosing burden by 98% from standard eye drops

Iontophoresis Delivery Platform

Positive Anterior Uveitis Phase 3 Non-Inferiority Trial Results



EGP-437 demonstrated safe and effective in reducing inflammation vs positive control



- ✓ Successfully demonstrated similar response to standard of care (corticosteroid eye drops - prednisolone acetate 1%)
- ✓ Lower incidence of increased intraocular pressure (IOP) with EGP-437 treatment

Confirmatory Phase 3 trial ongoing: Top-line data expected Q3 2018

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

Macular Edema

Efficacious Delivery to the Back of the Eye

Iontophoresis Delivery Platform

Macular Edema - Non-Invasive Delivery to Retina



Iontophoresis delivers efficacious quantities of EGP-437 to back of eye

Macular Edema (ME): Abnormal thickening of macula associated with accumulation of excess fluid within the neurosensory retina

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

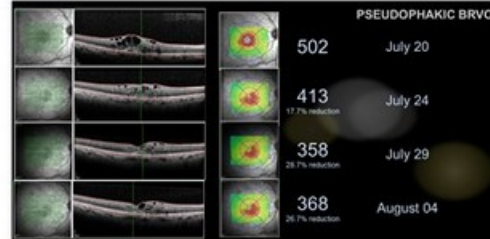
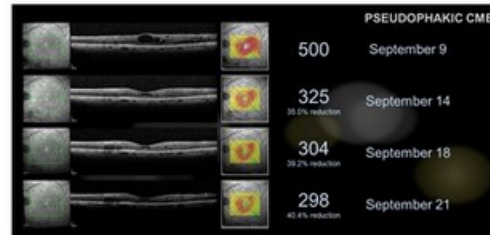
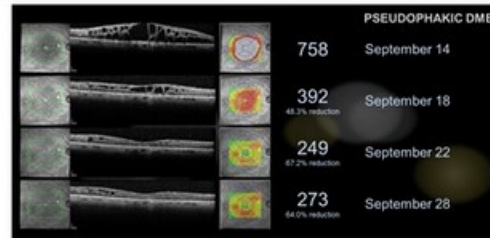
Efficacy: one-third of subjects responded

- ✓ Positive response from all subtypes (DME, RVO, and CME)¹

Excellent Safety: No increase in IOP

Enrollment completed

- Under review for further development
- Value in preventing CME post cataract surgery



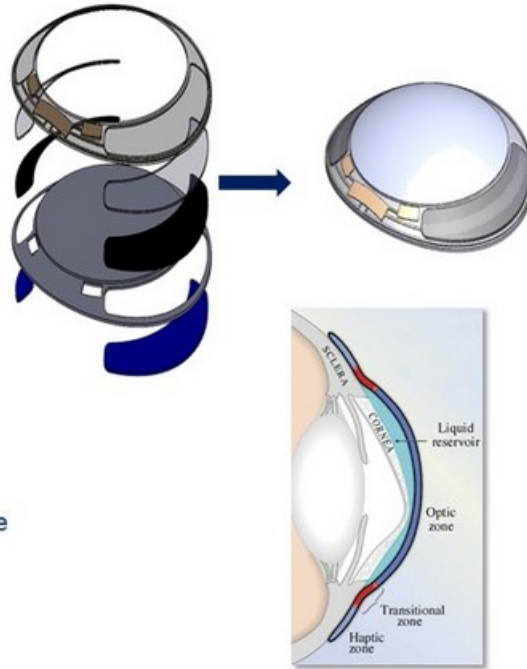
1. CME: cystoid macular edema, DME: diabetic macular edema, RVO: retinal vein occlusion

Drug Embedded Contact Lens

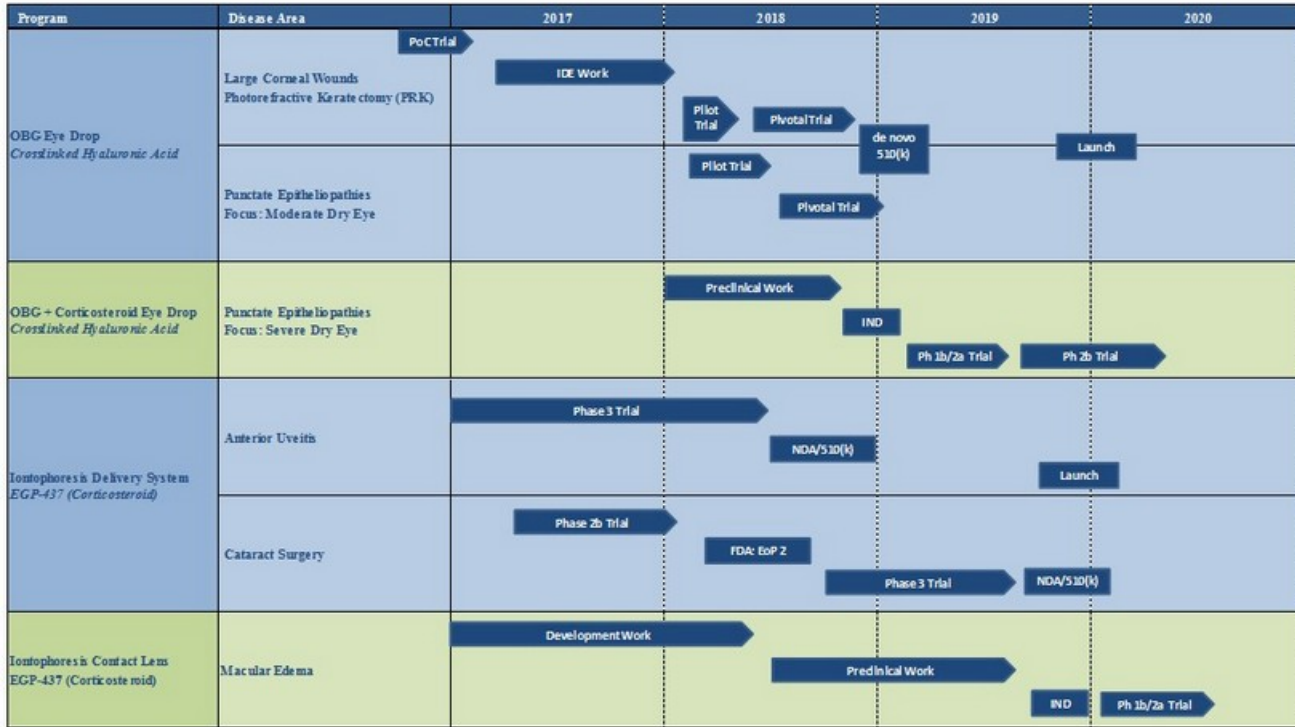
The Future of Ocular Drug Delivery

Iontophoresis and Drug Embedded in a Contact Lens

- First indication: **dexamethasone for macular edema**
- Two layer lens:
 - Layer 1: Sits on surface of eye – loaded with drug
 - Layer 2: Sits on top of Layer 1 – incorporates iontophoresis electronics
- *In vitro* work nearing completion, anticipate proof-of-concept **animal data in 2018**
- Treating chronic retinal conditions at home
- Potential to **revolutionize the treatment of retinal disease by significantly reducing or eliminating dangerous intravitreal injections and frequent office visits!**



Development Timeline



	2017 YtD 9/30/2017
(\$000 except per share)	
Revenue	\$407
R&D Expense	\$7,253
G&A Expense	\$3,541
Net Loss	\$10,387
Net Loss per Share	\$0.78
Weighted Avg. Shares O/S	13,268
No. Shares O/S	17,205
Cash & Equivalents	\$9,245

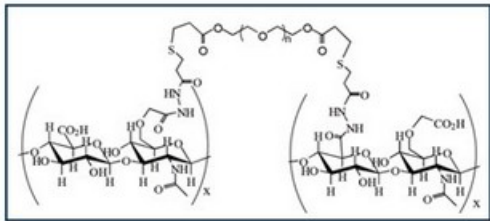
Cash through mid-2018 & multiple late-stage clinical trial data readouts

Two Product Platforms for Eye Disorders



Two platforms in the clinic with two FDA filings expected in 2018

Ocular Bandage Gel (OBG) Eye Drop: Crosslinked Hyaluronic Acid (CMHA-S)



Disease Area	Preclin	POC	Pilot	Pivotal
Large Corneal Wounds Photorefractive Keratectomy	█	█	█	
Punctate Epitheliopathies Focus: Moderate Dry Eye	█	█	█	
Punctate Epitheliopathies Focus: Severe Dry Eye	█	OBG + Corticosteroid		

EyeGate II Iontophoresis Delivery System: Delivering a Corticosteroid (EGP-437)



Disease Area	Preclin	Ph 1b/2a	Ph 2b	Ph 3
Anterior Uveitis	█	█	█	█
Cataract Surgery	█	█	█	
Contact Lens Macular Edema	█			