Issuer Free Writing Prospectus
Filed Pursuant to Rule 433
Registration No. 333-223887

EyeGate pharma

Two Versatile Platforms Moving Towards Commercialization

NASDAQ: EYEG

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Free Writing Prospectus Statement

- We have filed a Registration Statement on Form S-1 with the Securities and Exchange Commission (the "SEC") , including a preliminary prospectus dated April 9, 2018 (the "Prospectus"), with respect to the offering of our securities to which this communication relates. Before you invest, you should read the Prospectus (including the risk factors described therein) and, which available, the final prospectus relating to the offering, and the other documents filed with the SEC and incorporated by reference into the Prospectus, for more complete information about us and the offering. You may obtain these documents, including the Prospectus, for free by visited EDGAR on the SEC website at http://www.sec.gov.
- Alternatively, we and the placement agent for the offering will arrange to send you the prospectus if you request it by contacting H.C. Wainwright & Co., LLC, 430 Park Avenue, 3rd Floor, New York, NY 10022, by telephone at (646) 975-6996 or by email at placements@hcwcocom.
- This presentation highlights basic information about us and the offering. Because it is a summary that has been prepared solely for informational purposes, it does not contain all of the information that you should consider before investing in our company. Except as otherwise noted, this presentation speaks only as of the date hereof.
- This presentation does not constitute an offer to sell, nor a solicitation of an offer to buy, any securities by any person in any jurisdiction in which it is unlawful for such person to make such an offering or solicitation.
- Neither the SEC nor any other regulatory body has approved or disapproved of our securities or passed upon the accuracy or adequacy of this presentation. Any representation to the contrary is a criminal offense.
- This presentation includes industry and market data that we obtained from industry publications and journals, third-party studies and surveys, internal company studies and surveys, and other publicly available information. Industry publications and surveys generally state that the information contained therein has been obtained from sources believed to be reliable. Although we believe the industry and market data to be reliable as of the date of this presentation, this information could prove to be inaccurate. Industry and market data could be wrong because of the method by which sources obtained their data and because information cannot always be verified with complete certainty due to the limits on the availability and reliability of raw data, the voluntary nature of the data gathering process and other limitations and uncertainties. In addition, we do not know all of the assumptions that were used in preparing the data from the sources relied upon or cited herein.

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.

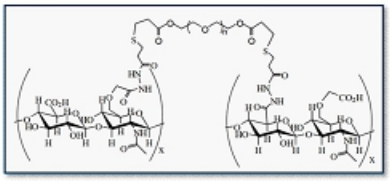
Additional risks and uncertainties relating to the Company and its business can be found in the "Risk Factors" section of the Company's Annual Report on Form 10-K filed with the SEC on March 02, 2018. The Company undertakes no duty or obligation to update any forward-looking statements contained in this 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 <u>two</u> FDA filings expected in first half 2019

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 OBG + Active				

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

Disease Area	Preclin	Ph 1b/2a	Ph 2	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

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

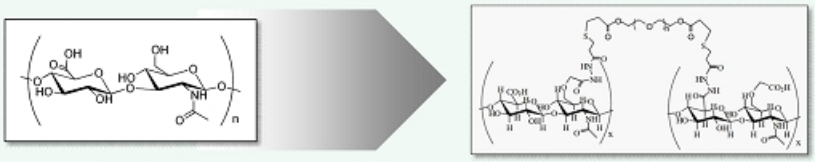
Ex-U.S. – Dry Eye & Wound Healing

- 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, high concentration version of Hyaluronic acid

First and Only Eye Drop in the U.S. Targeting Acceleration of Re-Epithelialization

Hyaluronic Acid (HA) → **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**
- Preservative-Free, 100% pure HA → **Natural product, safe, well tolerated, well known to physicians**

A high concentration HA eye drop (0.75%) for potentially treating a wide variety of ocular surface pathologies from dry eye to wound healing

EyeGate Ocular Bandage Gel (OBG)

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 Repair[1]
- 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

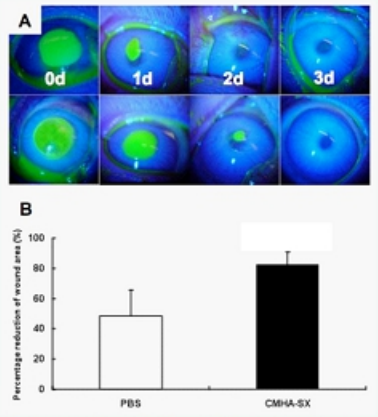
B. Ulcer healing after 12 days of using 0.75% CMHA-S

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

Healing Corneal Abrasions and Alkali Burns

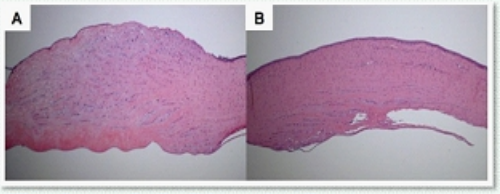
Efficacy Study: Rabbits[1]

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



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

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



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

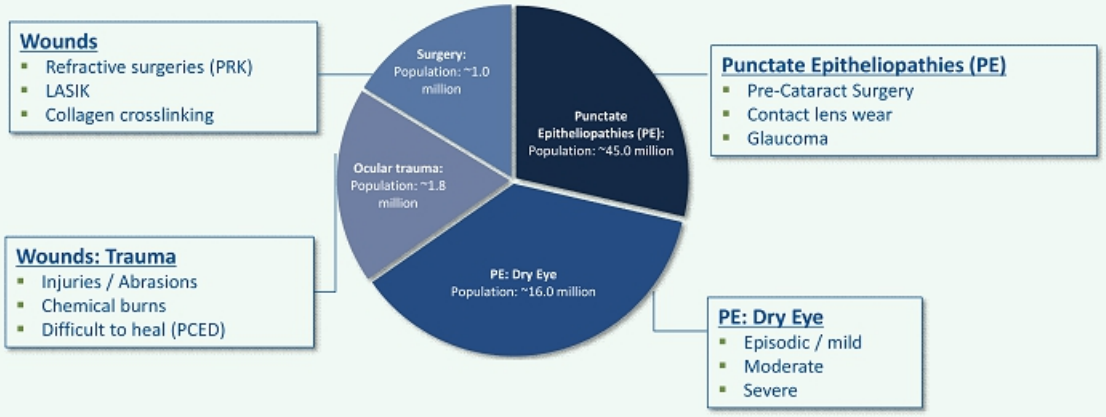
1. Guanghui Yang, Ladan Espandar, Nick Mamalis and Glenn D. Prestwich, Veterinary Ophthalmology 2010

EyeGate Ocular Bandage Gel (OBG)

Broad Clinical Application & Large Market Opportunity

EyeGate's proprietary crosslinking has potential to address millions of patients in multiple conditions

Corneal Wounds and Epitheliopathies: U.S. Numbers



Wounds
- Refractive surgeries (PRK)
- LASIK
- Collagen crosslinking

Punctate Epitheliopathies (PE)
- Pre-Cataract Surgery
- Contact lens wear
- Glaucoma

Wounds: Trauma
- Injuries / Abrasions
- Chemical burns
- Difficult to heal (PCED)

PE: Dry Eye
- Episodic / mild
- Moderate
- Severe

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

Initial Patient Applications & Label Expansion

Initial Indications: PRK & Punctate Epitheliopathies

Focus At launch

- Dry Eye – patients not controlled on OTC treatments
  - With or without concomitant use in patients on Restasis or Xiidra
- Wound: Post Surgical healing in PRK (strategic)

Clinical program to expand the label

- Cataract surgery – surface improvement to optimize biometry measurements and outcomes

Additional areas of interest from physician research

- Acute corneal wounds
- Chronic corneal wounds and ulcers
- Post LASIK

Potential for Future Growth as a Combination Product

CMHA-S a device combined with a therapeutic expands upon wound and dry eye franchises

EyeGate Research Labs currently developing:

- CMHA-S + corticosteroid (loteprednol etabonate or dexamethasone)
- CMHA-S + antibiotic (fluoroquinolone)
- Leveraging the 505(b)(2) regulatory pathway for rapid and economical development
- Longer residence time improves upon efficacy and drug uptake

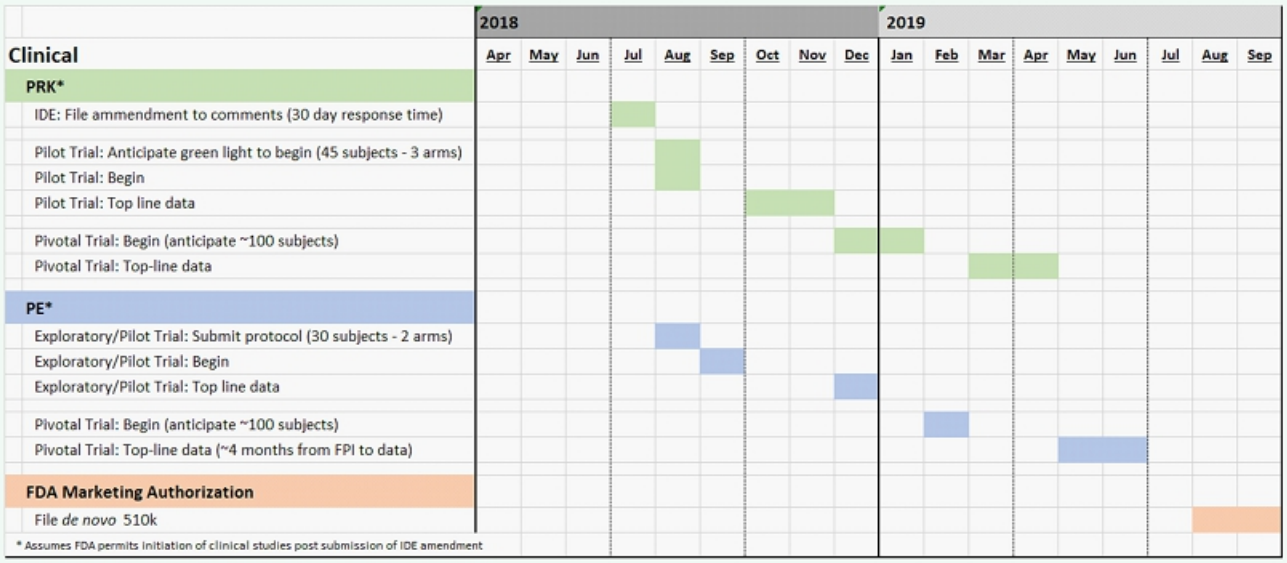
Eye Drop Regulated as a Device
Accelerates Development Plan

Meeting with FDA (Nov 2016) Confirms *de novo* 510(k) Filing Path

- **No predicate device – label determined by clinical trials demonstrating superiority**
- **Initial superiority claim discussed: acceleration of re-epithelization of corneal wounds/defects**
  - PRK is an excellent homogenous model for measuring time to corneal wound repair
- **Current development plan includes additional clinical studies beyond PRK**
  - Punctate Epitheliopathies: focus is on moderate dry eye
  - Superiority claim: reduction in corneal staining
- **Broadening indication for use (IFU) post initial *de novo* clearance (PRK and PE)**
  - Subsequent filings reviewed in approximately 4 months (i.e. 510(k) clearance)
  - Similar to PE, claims can be based on size of defect, not a specific indication

Initial Two Indications: Photorefractive Keratectomy and Punctate Epitheliopathies

Development Timeline



Clinical Development

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 Liquid Bandage Gel (OBG)**
  - A homogenous patient population with large epithelial defects of the same size
- ✓ **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
    - 55% more patients healed by Day 3
    - Wound size up to ~36% smaller by Day 1 (24 hr. post-op), 83.3% smaller by Day 3 with OBG alone

	# Subjects per arm	Closed Wound: Day 3 #	Closed Wound: Day 3 %	Length in mm Day 1 Horizontal	Length in mm Day 1 Vertical	Length in mm Day 3 Horizontal	Length in mm Day 3 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%**

Moving to formal pilot trials in PRK and Dry Eye Patients with Top-line Data expected Q4-2018*

* Assumes FDA allows clinical studies to begin following their review of the IDE amendment (Target submission date is July 2018 – 30 day review period)

PRK – The Next Clinical Study

Trial Design

OBG vs bandage contact lens for acceleration of re-epithelialization of large corneal epithelial defects

- **Randomized, masked, controlled 2 week study in subjects that have undergone bilateral PRK**
  - Epithelial removal using alcohol in a 9 mm well
- **45 subjects for 3 arm trial: 15 subjects per arm**
  - Arm 1: OBG every 2 hrs (8x/day) for 3 days then QID for additional 11 days
  - Arm 2: OBG QID for 2 weeks
  - Arm 3: BCL (Acuvue Oasys plano lens) + artificial tears (Refresh Tears – preservative free) QID for 2 weeks
  - Safety will include both eyes (N = 90)
- **Primary performance outcomes based on fluorescein staining:**
  - Time to corneal re-epithelization and
  - Proportion of subjects with complete corneal re-epithelization of epithelial defect on day 3
  - Evaluated by a masked reading center (Tufts) using digital photography of fluorescein stained slit lamp photos and image analysis

Management of Punctate Epitheliopathy

Pilot Trial Design

Targeting Moderate Dry Eye Patients with Top-line Data expected Q4 2018*

- **PE as defined by fluorescein staining of cornea: NEI scale**
  - Randomization: NEI score ≥ 4
- **30 subjects for 2 arm trial: 15 subjects per arm**
  - Safety will include both eyes (N = 60)
- **42 Day trial: 2 week wash-out/run-in followed by 4 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 28 days vs Refresh PF artificial tears QID OU for 28 days
- **Primary performance outcome:**
  - Change in NEI corneal staining score from baseline to Day 28 between OBG arm and artificial tears arm for the study eye

* Assumes FDA allows clinical studies to begin following their review of the IDE amendment (Target submission date is July 2018 – 30 day review period)

Continued Unmet Medical Need & Modest Development Investment Creates Opportunity Even in Face of Generic Restasis Entry

Over 76M patients with corneal wounds or epitheliopathies in US but only 3.5M Rx's of current treatment options

Primary focus on punctate epitheliopathy/moderate dry eye market

- Patients not adequately managed on artificial tears
  - And/or adjunctive to Restasis / Xiidra
- Physician research supports need for additional treatment options & strong support for OBG profile in dry eye and wound management

Payer research, *which anticipates generic Restasis*, supports WAC in the range of $125-$225 with Nets of $105 - $165 in Commercial plans where patient OOP is ~$35

- As a medical device OBG will NOT be covered by Medicare Part D
- A device outside of Medicare Part D, however, makes patients eligible for discount programs → Net patient OOP ~$75

FDA Feedback on IDE Amendment

Feedback Provides Clear Path to Resubmission; Expected July 2018

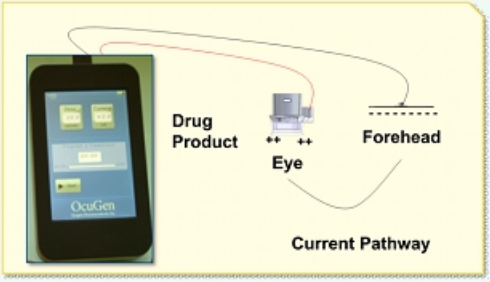
- **Received comments back from FDA on filed IDE and majority of issues have been addressed**
- **FDA identified four deficiencies in our submission, requesting additional information on the manufacturing processes associated with the CMHA-S eye drop**
  - The manufacturing is outsourced and not manufactured by EyeGate, although we are responsible for making sure that the product is sterile
  - We anticipate completing all of the work required for clearing these comments and filing the amendment in approximately 3 months (i.e. July)
- **Primary comment relates to the validation of the filter specifically used for sterilization of the CHMA material**
  - Several different filters are used in the manufacturing process of our product and the FDA has requested we reperform the validation of one of the filters, specifically the one for filtering the CMHA material
  - Due to the composition of our material, it must be manufactured aseptically, so the sterile filtration step is critical and must be properly validated
  - When validating filters this must be done in triplicate (i.e. take 3 of the filters and test each one consecutively). All 3 must pass, the FDA agreed that 2 of the filters passed but by their definition one did not, so we must reperform this step.
  - To address this deficiency, our plan is to work with the manufacturer of the filter to complete the validation work using a different filter.
- **Other**
  - Remaining comments include clarification to the previously submitted data and modifications to the manufacturing process documents

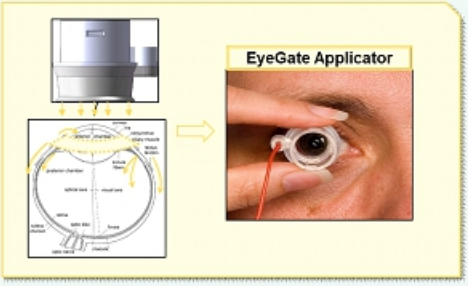
Iontophoresis Delivery Platform

Iontophoresis Delivery Platform

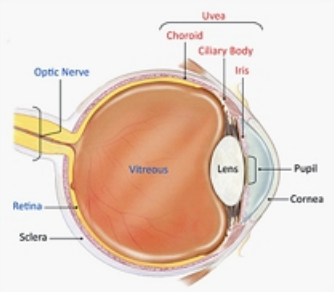
A non-invasive method of propelling charged active compounds into ocular tissues

- ✓ 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

- 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

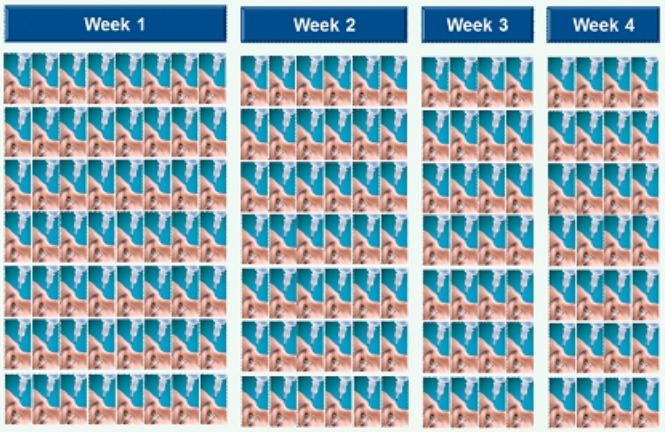
Dramatically Reduces Patient Burden

Corticosteroid eye drops: Standard of care for both indications

2 to 3 EyeGate treatments

VS

Up to 154 eye drop treatments



Iontophoresis Delivery Platform

Partnered with a Leading Opthalmic Company

VALEANT Pharmaceuticals International

BAUSCH + LOMB

- 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

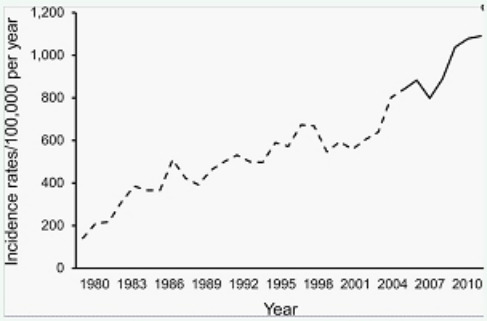
The most common surgical procedure performed by ophthalmic surgeons

Iontophoresis Delivery Platform

Cataract Surgery Market Opportunity

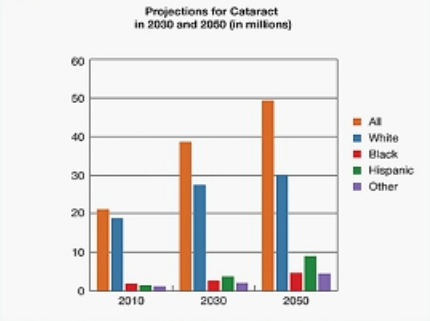
2015 Cataract surgery incidence: ~4M in U.S., ~20M Worldwide[1]

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.



Source: National Institute of Health - National Eye Institute

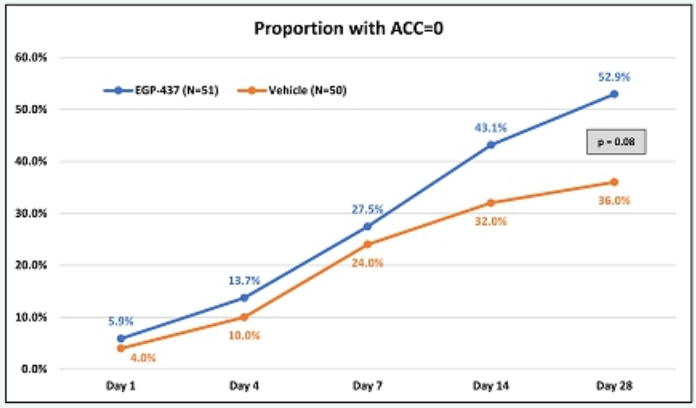
Cataract surgery incidence: ~4 million[1] annually in U.S. in 2015
Likely to double (following incidence rates) by 2050

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

Inflammation post Cataract Surgery

Phase 2 Trial Highlights

- **Double-Masked, Placebo-Controlled, Two-arms:**
  - 101 subjects from 7 sites
  - 51 Randomized to EGP-437 (Iontophoresis with 40 mg/mL Dexamethasone Phosphate)
  - 50 Randomized to Placebo (Iontophoresis with 100 mM Sodium Citrate solution)
- **EGP-437 demonstrated better clinical performance than vehicle control**
  - Trending towards statistical significance

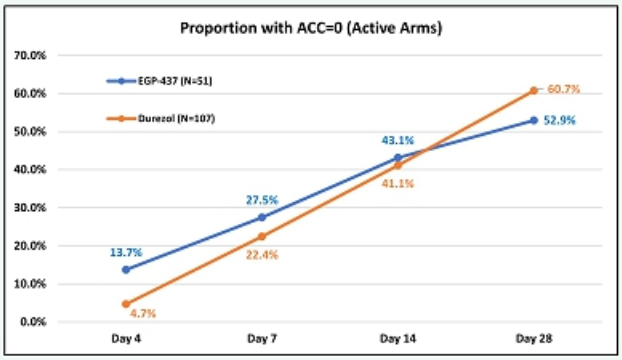


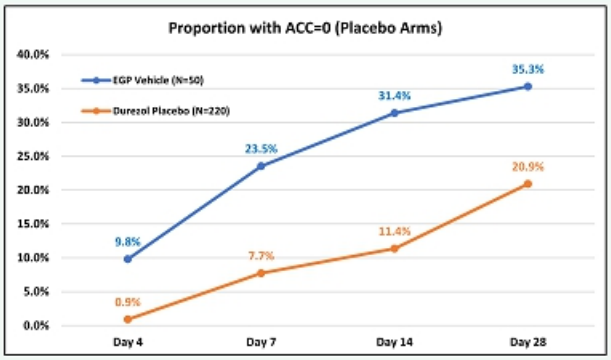
Additional Information

Phase 2 Trial Highlights

- Secondary endpoints: change in mean cell count and change in mean pain score
  - EGP-437 showed statistically significant improvements in both ACC count and pain score
  - ACC count = 0 on Day 7: p = 0.0096
  - Pain Score = 0 on Day 1: p = 0.0149
- EGP-437 arm demonstrated a favorable safety profile with no serious adverse events reported.
- Greater percentage of subjects in the placebo were rescued: > 50% by Day 14
  - No subjects were rescued after Day 14 in the EGP arm thus demonstrating sustainability of effect out to Day 28

Comparing to Durezol*





- There was no Durezol arm in our study but we compared to FDA filing material*
- Compared to Durezol, the EGP arm performed very similar
- EGP vehicle performed significantly better than historical Durezol placebo control

*CDER Medical Review (Application #22-212): combined results from the 2 pivotal studies

Anterior Uveitis

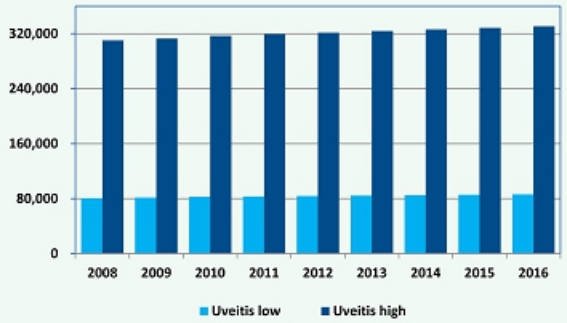
Confirmatory Phase 3 Data in 2Q 2018

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



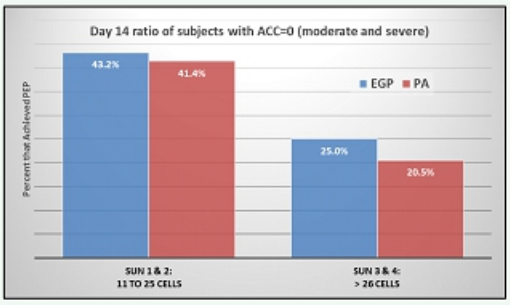
Source: JAMA Ophthalmol. 2016 Nov 1;134(11):1237-1245

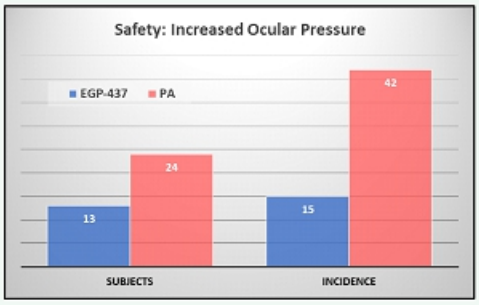
EyeGate II Iontophoresis System reduces dosing burden by 98% from standard eye drops

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 (prednisolone acetate 1% eye drops)
- ✓ Lower incidence of increased intraocular pressure (IOP) with EGP-437 treatment

Confirmatory Phase 3 trial fully-enrolled: 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

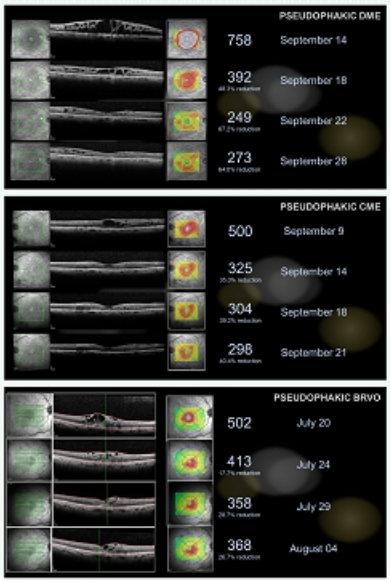
Efficacy: one-third of subjects responded

✓ 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

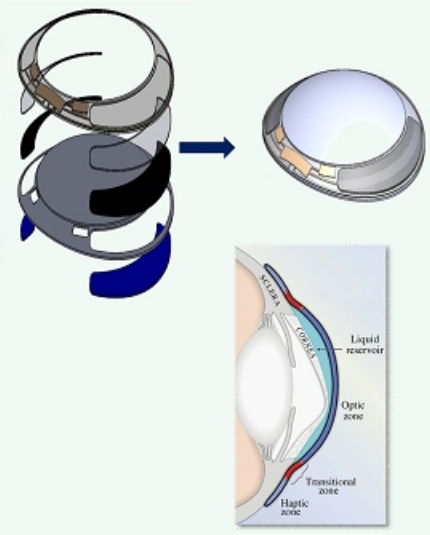
The Future of Ocular Drug Delivery

Iontophoresis Delivery Platform

Drug Embedded Contact Lens for Macular Edema

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!**



Anticipated Inflection Points

Program	Disease Area	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
OBG Eye Drop *Crosslinked Hyaluronic Acid*	Large Corneal Wounds Photorefractive Keratectomy (PRK)*		Initiate 2nd Pilot Trial	Top-Line Data Pilot Trial; Initiate Pivotal Trial	Top-Line Data Pivotal Trial		Submit 510(k) de novo
	Punctate Epitheliopathies Focus: Moderate Dry Eye*		Initiate Exploratory/ Pilot Trial	Top-Line Data Exploratory/ Pilot Trial	Initiate Pilot/ Pivotal Trial	Top-Line Data Pilot/ Pivotal Trial	
Iontophoresis Delivery System *EGP-437 (Corticosteroid)*	Anterior Uveitis		Top-Line Data Ph 3 Trial			NDA Submitted	
	Cataract Surgery	Determining Next Steps					

* Assumes FDA allows clinical studies to begin following their review of the IDE amendment (targeting early July for submission: review period is 30 days)

Thank You!

NASDAQ: EYEG

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