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): **December 12, 2018**

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) 788-9043
(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.

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 December 12, 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: December 12, 2018

Exhibit Index

99.1	Presentation of the Company, dated as of December 12, 2018.

Exhibit 99.1

Corporate Presentation
December 2018

EyeGate pharma

Two Versatile Platforms Moving Towards Commercialization

NASDAQ: EYEG

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 OBG and EGP-437 product candidates, for the timing and outcome of the Company's clinical trials, the potential approval to market OBG and 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.

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Company Highlights (NASDAQ: EYEG)

- Two ophthalmic platform technologies: CMHA-S and Iontophoresis drug delivery
- CMHA-S platform (cross-linked Hyaluronic Acid) – first product is an eye drop formulation (OBG)
- OBG is the first and only prescription Hyaluronic Acid eye drop in the U.S.
- OBG: recently announced positive data from two clinical studies (PRK surgery and PE)
- OBG eye drop regulated as a device, accelerating the product development plan and time to market, with FDA filing expected in 2019
- Iontophoresis (EGP-437) Phase 3 Uveitis trial misses primary endpoint, data under review to assess strategic options

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CMHA-S Platform

Ocular Bandage Gel (OBG) Eye Drop

OBG: A Differentiated Product on a Rapid Path to Approval

Proprietary Formulation of a Known and Trusted Substance Creates a Unique and Differentiated Product

- Unique crosslinked HA produces a preservative-free, high concentration (0.75%) eye drop that resists degradation and adheres to the ocular surface without blurring vision
- Hydrating, protectant and lubricant that facilitates management of corneal re-epithelialization
- Addresses continued unmet medical need and research supports favorable economics
- Positive results in multiple clinical trials: two for PRK and one for PE (dry eye)
- Following a medical device pathway, filing expected in 2019

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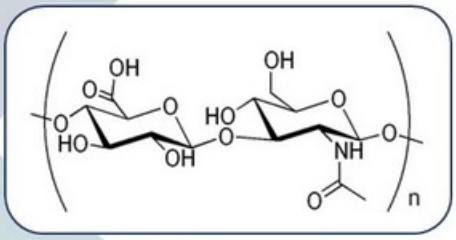
Hyaluronic Acid (HA)

HA is a Naturally Occurring Molecule that Possesses Beneficial Properties



Hyaluronic Acid

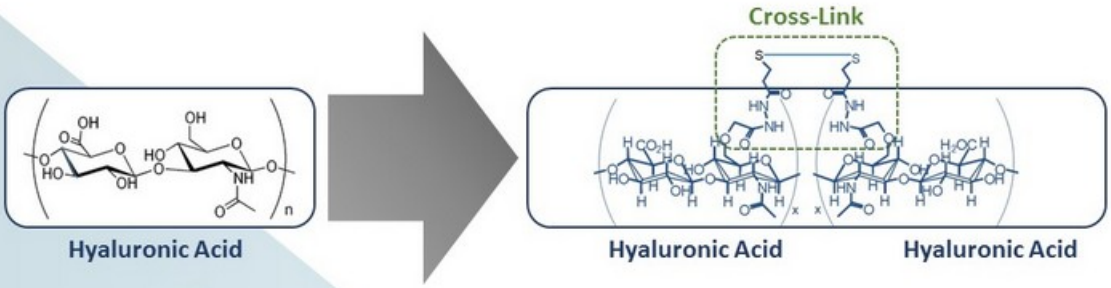
- Non-immunogenic: does not illicit an immune response
- Binds up to 1,000 times its volume in water weight providing hydration and lubrication ideal for the ocular surface
- Contributes to cellular proliferation and migration during the wound healing process
- Approved in the U.S. for wound and burn management as well as osteoarthritis
- A low concentration formulation (0.1% to 0.4%) is the Standard of Care in Europe and Asia for dry eye
- Well known and trusted substance in US ophthalmic care

Ocular Bandage Gel (OBG) Eye Drop

OBG is Differentiated by its Unique Cross-Linked, High Concentration (0.75%) Formulation of HA

The unique cross-linked HA creates a 3D structure that stabilizes the molecule providing:

- A safe, well tolerated product
- Resistance to degradation and prolonged retention on the ocular surface
- A scaffolding matrix which protects the ocular surface
- Higher viscosity with shear thinning properties providing a clear vision from blinking



Ocular Bandage Gel (OBG) Eye Drop

- A clear, viscous, preservative-free eye drop containing a high concentration (0.75%) of crosslinked hyaluronic acid (CMHA-S)
- A long-acting lubricant that protects the corneal surface to promote healing and reduce staining associated with Punctate Epitheliopathies in dry eye patients
- Demonstrated ability to manage re-epithelialization in first clinical study for PRK patients
- Combining with therapeutics: initial 3 classes are antibiotics, corticosteroids and antihistamines

Efficacy of CMHA-S has Been Demonstrated in Various Animal Pathologic Conditions

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

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

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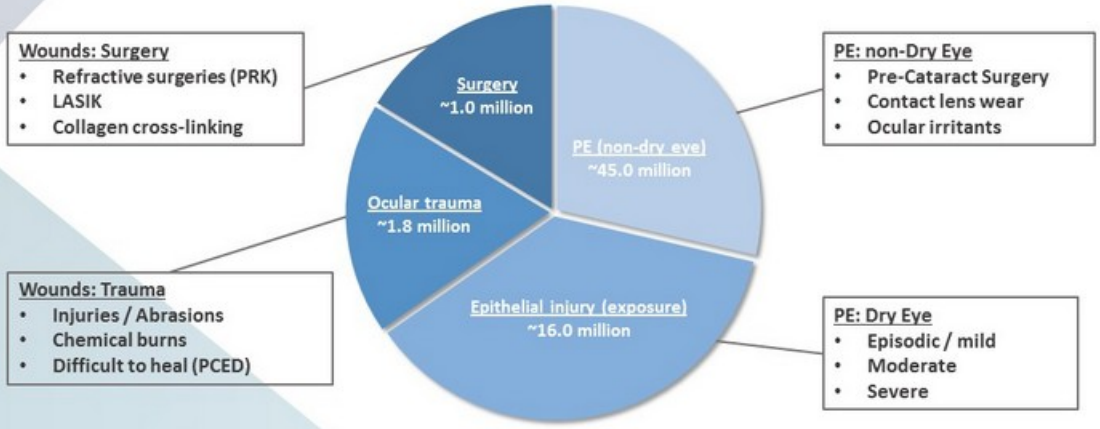
Broad Market Opportunity

Over 60 Million Potential Patients with Corneal Wounds or Epitheliopathies in the U.S.



Increasing Prevalence of Dry Eye Disease with Favorable Economics

Dry Eye Disease is One of the Most Common Chronic Ophthalmologic Diseases[1,2,3]

Nearly half of all U.S. adults (48%) experience one or more dry eye symptoms regularly	Half of all women (52%) experience one or more dry eye symptoms regularly	2 in 5 women age 45–54 who suffer from dry eye symptoms (42%) experience blurred vision	30% of men 55 and older have experienced dry eye symptoms for more than 10 years

Payer Research, which Anticipates Generic Restasis, Supports Pricing in the Range of $125-$225

Primary focus is on the punctate epitheliopathy (dry eye) market

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

1. Gayton JL. Clin Ophthalmol. 2009;3:405-12.;
2. Report of the international dry eye workshop (DEWS). Ocul Surf. 2007;5(2):65-204.;
3. Allergan Dry Eye Survey, American Optometric Association, November 6, 2011.

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Near-Term Milestones

Program	Disease Area	Q4 2018	Q1 2019
OBG Eye Drop Cross-linked Hyaluronic Acid	Large Corneal Wounds: Photorefractive Keratectomy (PRK)	2nd Clinical Study Completed	Pre-Submission Meeting with FDA (CDRH)
	Punctate Epitheliopathies (PE): e.g. Dry Eye, Contact Lens Wear, etc.	1st Clinical Study Completed	

Positive Clinical Trial Results

Completed First Human Clinical Trial in PRK Patients

Re-epithelialization Wound Healing Study[1]: OBG vs. Standard of Care (Bandage Contact Lens + Artificial Tears)

- ✓ Approximately **55%** more patients treated with OBG healed by Day 3
- ✓ As early as Day 1 (24 hr. post-op) average wound size was around **36%** smaller and **83.3%** smaller by Day 3 with OBG alone

		Healed Wound on Day 3		Day 1		Day 3	
	Number of Subjects Per Arm	Number	Percent	Horizontal*	Vertical*	Horizontal	Vertical
Arm 1 Ocular Bandage Gel	12	10	83.3%	4.1	4.5	0.1	0.2
Arm 2 Ocular Bandage Gel + Bandage Contact Lens	14	9	64.3%	6.3	6.5	0.3	0.3
Arm 3 (Standard of Care) Bandage Contact Lens + Artificial Tears	13	7	53.8%	6.4	6.2	0.6	0.6
Ocular Bandage Gel: % Better than Bandage Contact Lens			54.8%	35.9%	27.4%	83.3%	66.7%

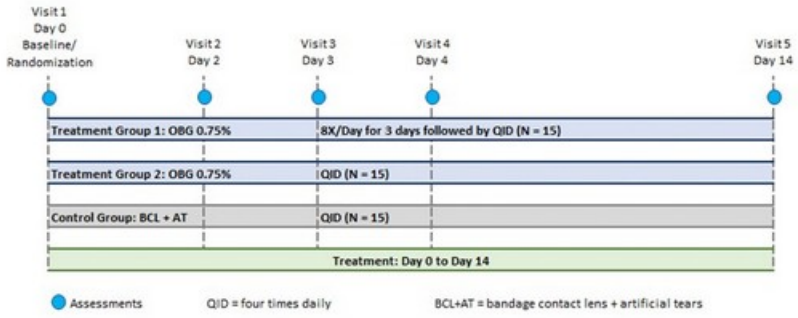
*Length in mm

1. Open-label, unmasked study. Durrie et al. J Cataract Refract Surg. 2018 Mar;44(3):369-375.

Second PRK Pilot Study

Photorefractive Keratectomy (PRK) Study Design Schematic

Objective is to demonstrate re-epithelialization of large corneal epithelial defects



Additional study for patients that have undergone bilateral Photorefractive Keratectomy (PRK)

- 45 subjects (3 arms): OBG (2 dosing regimens) vs standard of care (bandage contact lens + artificial tears)
- Evaluated by a masked reading center (Tufts) using digital photography of fluorescein stained slit lamp photos

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Positive Data Confirms Results from First Pilot Study

OBG Outperformed the Standard of Care in Wound Healing in Second Pilot Study

	Number of Healed Eyes using OBG vs. Standard of Care		
	Group 1 (N = 15)	Group 2 (N = 15)	Control Group (N = 15)
Day 3	11	13	10
Day 4	15	15	13

	Ocular Bandage Gel: % Better and Standard of Care		
	Group 1 (N = 15)	Group 2 (N = 15)	Control Group (N = 15)
Day 3	73.3%	86.7%	66.7%
Day 4	100.0%	100.0%	86.7%

Initial Key Opinion Leader Feedback

- "Can't get an epithelial defect to heal without a bandage contact lens – this is the first time."

  - Dr. Daniel Durrie, M.D., Founder of Durrie Vision

*To be considered healed, epithelial layer must be maintained at Day 4 and Day 14 (or any day in between): specifically 2 sequential visits after Day 3 with no recurrent erosion. Control Group had a subject with closed wound at Day 3 who had a subsequent erosion at Day 4, so not healed.

PRK Wound Size Dramatically Improved using OBG

Day 2 (48 hours post surgery) **average** wound size 26% and 6% smaller than the Control Group for OBG Group 1 and 2 respectively

Day 2 (48 hours post surgery) **maximum** wound size 67% and 49% smaller than the Control Group for OBG Group 1 and 2 respectively

Average Wound Size (mm^2)

	Group 1 (N = 15)	Group 2 (N = 15)	Control Group (N = 15)
Day 2	3.07	3.91	4.15
Day 3	0.10	0.19	0.16
Day 4	0.00	0.00	0.33
Day 14	0.00	0.00	0.00

Maximum Wound Size (mm^2)

	Group 1 (N = 15)	Group 2 (N = 15)	Control Group (N = 15)
Day 2	7.97	12.20	23.95
Day 3	0.99	1.98	1.91

No safety concerns

*To be considered healed, epithelial layer must be maintained at Day 4 and Day 14 (or any day in between): specifically 2 sequential visits after Day 3 with no recurrent erosion. Control Group had a subject with closed wound at Day 3 who had a subsequent erosion at Day 4, so not healed.

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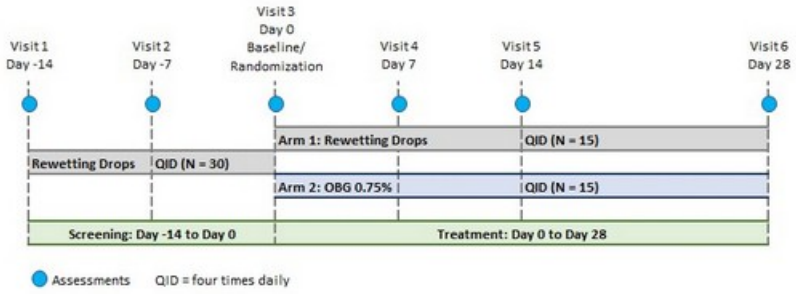
PE Pilot Study

Punctate Epitheliopathy (PE) Study Design Schematic

Objective is to establish safety, tolerability and determine a clinically meaningful efficacy outcome



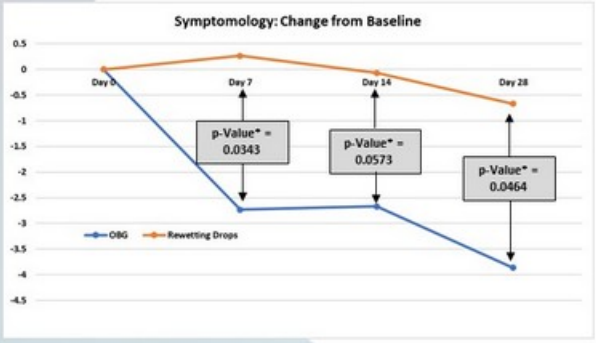
- 30 subjects (2 arms): 4 week treatment period of OBG vs rewetting drops
- 2 week screening period: patients stop taking Rx eye drops and receive rewetting eye drops only
- Screening and baseline must have ≥4 staining score: Cannot have 2 consecutive decreases in score (i.e. Day -7 and Day 0)

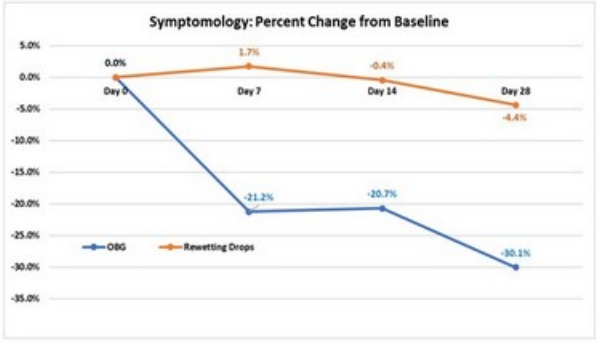
Punctate Epitheliopathy (PE) Study Showed Positive Data

Statistically significant improvement in symptoms** by Day 7

OBG demonstrates fast onset with SS p-Value at Day 7 and continues through Day 28

OBG achieved a 30% decrease from baseline vs only 4% for control



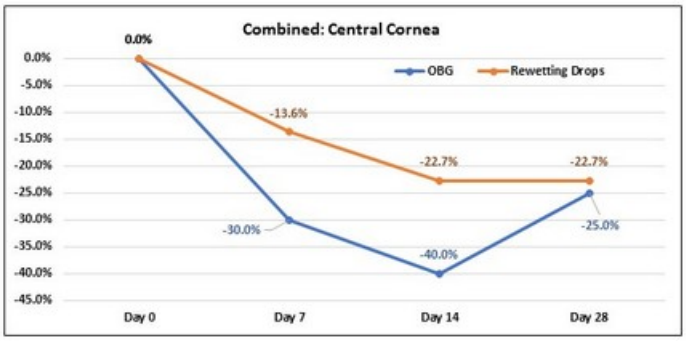


* Wilcoxon Two-Sample Test

** Symptomology assessed using the SPEED Questionnaire: Max Score = 28

Punctate Epitheliopathy (PE) Pilot Study Results: Staining

Central Cornea[1] Quickly Improves and Continues to Perform



- This data supports and correlates with symptomology due to high concentration of nerve endings being located in the central cornea
- SPEED Questionnaire is answered based on comfort in both eyes

1) Central Cornea important for visual field
2) Combined Data = Study eye + non-study eye

Iontophoresis Platform

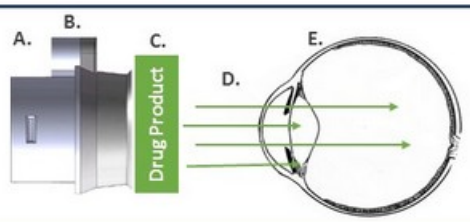
EyeGate® II Delivery System and EGP-437

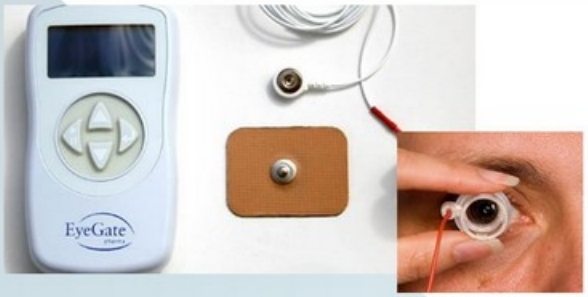
EyeGate® II Delivery System and EGP-437

A Non-Invasive Method of Propelling Charged Active Compounds into Ocular Tissues

A. **Applicator**
B. **Small electrical current at electrode**
C. **Charged drug product (in applicator)**
D. **Active product propelled into the eye**
E. **Eye receiving drug product noninvasively**

Dose is controlled by current strength and application time





EGP-437, a reformulated corticosteroid, Dexamethasone Sodium Phosphate is delivered into the ocular tissues through EyeGate's proprietary innovative drug delivery system, the EyeGate® II Delivery System

Exclusive Licensing Agreement with Bausch Health (Formerly Valeant Pharmaceuticals)

Worldwide License to Manufacture, Sell, Distribute, and Commercialize EGP-437 with the EyeGate® II Delivery System for Uveitis and Post-Operative Ocular Inflammation and Pain

BAUSCH Health
BAUSCH + LOMB

$136.5 million in potential payments, including up-front, development and commercial milestones

Anterior Uveitis
- $1 million up-front payment
- Up to $32.5 million development and commercials milestones

High Single Digit Royalties based on net sales with upward adjustment to double-digit for cataract surgery

Cataract Surgery
- $4 million up-front payment
- Up to $99 million development and commercials milestones

EyeGate is responsible for the completion of clinical development and FDA filing for both indications.

Bausch holds no rights to "use of system" with other drugs.

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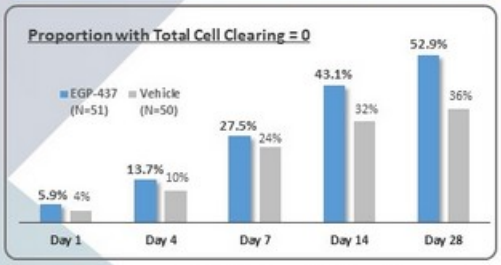
EGP-437 Clinical Data Results

Inflammation Post Cataract Surgery
Phase 2 Clinical Trial
Double-masked, placebo-controlled, two-arms, 101 subjects



- ✓ EGP-437 demonstrated better clinical performance than the vehicle control trending towards statistical significance (p = 0.08)
- ✓ Secondary endpoints: change in mean cell count and change in mean pain score
  - Total Cell Clearing 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

Anterior Uveitis Phase 3 Non-Inferiority Trial

Missed Primary Endpoint on Day 15

- ➢ Non-inferiority was not demonstrated between EGP-437 and Control (the lower limit of the two-sided 95% confidence interval (CI) for the difference is less than -10%)
- ➢ Control group had higher rate of success (ACC count=zero) than the EGP-437
  - The Chi-square test shows significant difference between Control and EGP-437, preferring the Control group

N	Test	EGP-437 Zero	Control Zero	EGP-Control, Two-Sided 95% CI	p-value[1]/ p-value[2]
251 patients	ACC Count	53 (42.4%)	75 (60.3%)	(-30.25%, -5.55%)	0.8951/ 0.0052

Company Highlights (NASDAQ: EYEG)

- Two ophthalmic platform technologies: CMHA-S and Iontophoresis drug delivery
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- Iontophoresis (EGP-437) Phase 3 Uveitis trial misses primary endpoint, data under review to assess strategic options

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Thank You

NASDAQ: EYEG

Contact Us

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