## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person * MANZO MICHAEL P.				2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]								5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  Director  X Officer (give title below) Other (specify below)  VP of Engineering				
(C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108				3. Date of Earliest Transaction (Month/Day/Year) 02/04/2020									V	of Engineer	illig	
(Street) WALTHAM, MA 02452				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu							Acqui	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye	ution Date,	(Instr. 8		etion	4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D)	Beneficia	ant of Securities ally Owned Following d Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership
				(IVIOII	onui/Day/Tear		Code	V	Amoui	(A) or (D)	Price	(msu. 3 a	iiu <i>+)</i>		or Indirect (I) (Instr. 4)	direct (Instr. 4)
Common Stock 02/0		02/04/2020			]	F(1)		109	D	\$ 6	10,921			D		
Reminder:	Report on a s	separate line fo		Deriva	itive Securi	ties A	cquire	Pers cont the f	ons whained if	no respon n this for splays a of, or Ben	m are currer eficiall	not requ ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of	12	3. Transaction			uts, calls, w 4.	arrar	its, opt					tle and	& Price of	9. Number o	of 10.	11. Natu
Derivative Security (Instr. 3)		Date	Execution Da	te, if	Transaction Code	nsaction Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Undo Secu	ount of erlying rities r. 3 and	Derivative Security (Instr. 5)		Owners Form o Derivat Securit Direct ( or India	hip of Indire Beneficia Ownersh (Instr. 4)  D)	
				Code	Code V	(A)	(D)	Date Exer		Expiration Date	Title	Amount or Number of Shares				

### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
MANZO MICHAEL P. C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452			VP of Engineering					

### **Signatures**

/s/ Sarah Romano, Attorney-in-Fact*	02/05/2020		
**Signature of Reporting Person	Date		

#### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Sale of shares to cover taxes due on restricted stock that vested on 02/01/2020.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.