FORM 4

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

OIVIB APPR	UVAL
OMB Number:	3235-0287
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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 Responses	3)													
1. Name and Address of Reporting Person* CHANEY PAUL G			2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]						VEGI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X Director10% Owner					
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108				3. Date of Earliest Transaction (Month/Day/Year) 02/14/2020						_	Officer (giv	ve title below)	Oth	er (specify below	(*)
(Street) WALTHAM, MA 02452				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City	y)	(State)	(Zip)			Table	I - Non-De	rivative S	ecuritie	es Acquired	l, Disposed	of, or Bene	eficially Own	ed	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execution any	Deemed ecution Date, if y tonth/Day/Year)	(Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)						Ownership of Form:	. Nature of Indirect Beneficial Ownership	
					•		ode V	Amount	(A) or (D)	Price		,	1	or Indirect (I) Instr. 4)	*
Reminder:	Report on a s	separate line for each	class of securities	beneficial	lly owned	directi	Perso conta	ns who ined in t	his for	m are not	required	of informa to respond ntrol numb	d unless the		474 (9-02)
Reminder:	Report on a s	separate line for eac	class of securities	beneficial	lly owned	directi	Perso conta	ns who ined in t	his for	m are not	required	to respond	d unless the		474 (9-02)
1. Title of	•	3. Transaction	Table II -	Derivativ (e.g., put: 4. Transac Code	ve Securi s, calls, w tion of Deri) Securi Acq (A) of Disp	cies Ac arrant umber vative rities nired or osed	Perso conta form quired, Dis s, options,	nns who ined in t displays posed of, convertibe tercisable in Date	his for a curr or Bendle secur	m are not ently valid eficially Ov	required d OMB co	to respond ntrol numbers	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	p of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., put: 4. Transac Code	ve Securi s, calls, w 5. N tion of Deri) Secu Acq (A) Disp of (I	ries Ac arrant umber vative rities nired or osed 0) r. 3, 4,	Perso conta form quired, Dis s, options, 6. Date Ex Expiration	nns who ined in t displays posed of, convertibe tercisable in Date	his for a curr or Bendle secur	m are not ently valid eficially Ov rities) 7. Title and of Underly Securities	required d OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	p of Indirec Beneficia Ownershi (Instr. 4)
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Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CHANEY PAUL G C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452	X					

Signatures

/s/ Sarah Romano, Attorney-in-Fact*	02/19/2020
**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) The Reporting Person received an Option to purchase Common Stock from the Issuer pursuant to the Plan. The Option will become fully exercisable on February 1, 2021.

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.