FORM 4

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

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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 Type Responses)				2 January Name and Tinhan and Till							5. Relationship of Reporting Person(s) to Issuer							
Name and Address of Reporting Person* Romano Sarah				2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]							(Check all applicable)							
(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							Director 10% Owner X Officer (give title below) Other (specify below) Chief Financial Officer							
(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 Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities 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/Yea		Date, if	(Instr. 8)		(A	4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)			D) Owned Follow Transaction(s				Ownership Form:	7. Nature of Indirect Beneficial
						y/Year)	Co	de	V A	Amount	(A) or (D)	Price	(Instr.	or Indi (I)			Direct (D) or Indirect (I) (Instr. 4)	direct (Instr. 4)
Common Stock 02/14/2020		02/14/2020			A			0,000	4	\$ 0	26,742			D				
			T. 11. II	D. C.				in di:	this f splay	form are s s a curre	not re	equired alid O	d to re	espond ontrol n	unless the	tion contair e form	ned SEC	1474 (9-02)
			Table II -							nvertible			Owne	ed				
1. Title of Derivative Security (Instr. 3)	or Exercise (Month/Day/Year) any		Execution Date, if	Code Securi		rivative (Month/Day/Year) of Un Secur (Instructions) and (Instructions) and (Instructions) and (Instructions) and (Instructions) are desirable and (Instructions) and (Instructions) and (Instructions) are desirable and (Instructions) are desirable and (Instructions) and (Instructions) are desirable and (In				of Und Securit	nderlying Derivative		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Owners Form of Derivat Security Direct (or Indir (s) (I)	Ownersh (Instr. 4) D) ect			
				Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	on	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4	
Stock Option (right to	\$ 6.55	02/14/2020		A		10,00	0		(2)	02/14/2	2030	Comr		10,000	\$ 0	10,000	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Romano Sarah C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452			Chief Financial Officer					

Signatures

/s/ Sarah Romano	02/19/2020		
Signature of Reporting Person	Date		

Explanation of Responses:

- \star 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) Grant of restricted stock from the Issuer pursuant to the Issuer's 2014 Equity Incentive Plan (the "Plan"). The restrictions will vest as to one-third (1/3) of the shares on February 1, 2021, and the remaining balance will vest monthly on the first day of each calendar month thereafter for a period of two years.
- (2) The Reporting Person received an Option to purchase Common Stock from the Issuer pursuant to the Plan. The Option will become exercisable as to one-third (1/3) of the shares underlying the Option on February 1, 2021, and the remaining balance vests monthly on the first day of each calendar month thereafter for a period of two years.

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.