FORM 4

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

OMB APPROVAL
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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 Response	s)											1				
1. Name and Address of Reporting Person * FROM STEPHEN				2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director					
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108				3. Date of Earliest Transaction (Month/Day/Year) 03/09/2020							y/Year)		PT	esident and	CEO		
(Street) WALTHAM, MA 02452				4. If Amendment, Date Original Filed(Month/Day/Year)							h/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 Acquir							Securities	red, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)				(Instr. 8)		(A) or Disposed o		of (D)	Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		Ownership Form:	Beneficial		
				(Month/Day/Y		(ear)	Co	ode	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		03/09/2020				F	(1)		712	D	\$ 5 (2)	83,617	,617		D		
Reminder:	Report on a s	separate line fo	or each class of secur	Deriva	tive Secu	ıritic	es Ac	quire	Pers cont the f	ons whained i	no respo n this for splays a of, or Ber	rm are curre reficia	e not requently valid	ction of inf uired to res OMB conf	spond unle	ess	C 1474 (9-02)
1 77'41	2	2.77:						ts, op			tible secu			0 D : C	0.31 1	C 10	11.37.
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/V	Execution Da Year) any	te, if Transaction Code (Instr. 8)		on M	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Und Sec	itle and ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	f Beneficia Ownersh (y: (Instr. 4)	
					Code	V	(A)	(D)	Date Exer	cisable	Expiratio Date	n Titl	Amount or e Number of Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
FROM STEPHEN C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452	X		President and CEO				

Signatures

/s/ Sarah Romano, Attorney-in-Fact*	03/10/2020
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 03/01/2020.
 - The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.00 to \$5.05, inclusive. The reporting
- (2) person hereby undertakes to provide to EyeGate Pharmaceuticals, Inc., any security holder of EyeGate Pharmaceuticals, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.

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.