FORM 4	4
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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).

(Print or Type Pa

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

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

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

1. Name and Address of Reporting Per Romano Sarah	2. Issuer Name a EYEGATE PH [EYEG]			0.		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner 0ther (specify below)				
(Last) (First) C/O EYEGATE PHARMACE INC., 271 WAVERLEY OAKS SUITE 108		3. Date of Earliest 06/03/2020	Transactio	n (Mo	onth/Day/	Year)	Chief Financial C	Jfficer		
(Street) WALTHAM, MA 02452	4. If Amendment, 1	Date Origii	nal Fi	led(Month/	Day/Yea	6. Individual or Joint/Group Filing(Check Applicable Line)Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State)	(Zip)	Ta	ble I - Nor	1-Der	ivative S	ecuriti	ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	Execution Date, if	Code (Instr. 8)	ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership of Indir Form: Benefic	7. Nature of Indirect Beneficial Ownership	
		(1101111) 2 43/ 1 641)	Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	
Common Stock	06/03/2020		F <u>(1)</u>		94	D	\$ 5.11 <u>(2)</u>	26,303	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Num	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Underlying S		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	r						Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D	of (D)						(Instr. 4)	(Instr. 4)	
						(Instr	. 3,								
						4, and 5)									
											Amount				
											or				
									Expiration		Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				
						()	(-)								

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

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 06/01/2020.
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.11 to \$5.1781, 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.