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)				
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108				3. Date of Earliest Transaction (Month/Day/Year) 10/02/2020						V	P of Enginee	ring		
(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 Acqu						uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, it any (Month/Day/Year	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Follo Reported Transaction(s)		Following	6. Ownership Form:	Beneficial
					Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	nd 4) Direct (D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common	Stock		10/02/2020		F ⁽¹⁾		98	D	\$ 3.88 (2)	17,595			D	
Reminder:	Report on a s	separate line fo	or each class of secur	rities beneficially o		Personn cont the	sons wh tained in	o resp n this fo splays a	orm are	e not requ ntly valid		formation spond unle trol numbe	ss	1474 (9-02)
	1	,		(e.g., puts, calls, w		tions	, conver	tible sec	urities)			1		
	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/	Execution Da (Year) any	4. Transaction Code Year) (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	S		Am Und Sec	itle and ount of derlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Beneficial Ownership (Instr. 4)	
				Code V	(A) (D)	Date Exe	-	Expirati Date	Titl	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*	10/05/2020

**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 10/01/2020.
 - The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$3.88 to \$3.94, 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.