## 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. 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)  Director 10% Owner X_Officer (give title below) Other (specify below)  President and CEO								
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108			3. Date of Earliest Transaction (Month/Day/Year) 12/07/2020								Pr	esident and	CEO						
(Street) WALTHAM, MA 02452			4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by More than One Reporting Person Form filed by More than One Reporting Person									
(City	r)	(State)	(Zip)			Ta	ble I	- Non	-Der	ivative	Securiti	es Acq	quire	d, Dispo	osed of, or l	Beneficially	Owned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye			(Instr. 8)		etion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		D) Bo	eneficia	t of Securities ly Owned Following Fransaction(s)		6. Ownership Form: Direct (D)	ip of Be	7. Nature of Indirect Beneficial Ownership		
				(**************************************			Co	ode	V	Amoun	(A) or t (D)	Price		,		or Indire (I) (Instr. 4)		nstr. 4)	
Commor	Stock		12/07/2020				F	(1)		588	D	\$ 3.76 (2)	7	7,993			D		
Reminder:	Report on a s	separate line fo	r each class of secu Table II -	Deriva	ntive Secu	ıriti	es Ac	equire	Pers cont the f	ons what in the constant of th	no resp n this fo splays	orm a a curi	are no rently ially	ot requ y valid	OMB con	ormation spond unle trol numbe	ess	C 147	74 (9-02)
1. Title of	12	3. Transaction			uts, calls,		rrant 5.	ts, op					es) Title	and	& Price of	9. Number	of 10.		11. Natur
	Conversion or Exercise Price of Derivative Security	sion Date (Month/Day/	Year) Execution Da	te, if Transaction Code Year) (Instr. 8)		on I			and Expiration Date (Month/Day/Year)		Ai Ui Se (Ii	Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Owner Form Deriv Secur Direct or Ind	of ative ity: t (D)	of Indirect Beneficia Ownershi (Instr. 4)	

### **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			President and CEO			

#### **Signatures**

/s/ Sarah Romano, Attorney-in-Fact*	12/08/2020

**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 12/01/2020.
  - The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$3.76 to \$3.80, 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.