## 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

|  | pe Response  |                        |   |  |  |   |   |  |  |                                   |  |  |                                 |  |  |   |
|--|--|------------------------|---|--|--|---|---|--|--|-----------------------------------|--|--|---------------------------------|--|--|---|
| 1. Name and Address of Reporting Person * FROM STEPHEN |  |                        |   | 2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG] |  |   |   |  |  | FG1                               | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner |  |                                 |  |  |   |
| C/O EYI  | (Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108 |                        |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2021            |   |   |  |  |                                   |  | X Officer (give title below) Other (specify below)  Executive Chairman |                                 |  |  |   |
| WALTH  | AM, MA   | (Street)<br>02452      |   | 4. If Am   | endment, D   | ate Orig  | ginal Fil   | ed(Mor   | nth/Day/Year)  |                                   |  | Form filed by  | One Reporting                   | p Filing(Chec<br>Person<br>Reporting Perso   |  | ine)  |
| (Cit   | y)   | (State)                | (Zip)   |  |  | Table I   | - Non-  | Deriva   | ative Secui  | rities                            | Acquire  | d, Disposed  | of, or Bene                     | eficially Owi  | ied  |   |
| 1.Title of Security 2. Transaction Date (Month/Day/Yea |  |                        | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) |  | (Instr. 8)   |   | (A)   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)            |  |                                   |  |  | d Ov<br>Fo                      |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                                  |   |
|  |  |                        |   | (WORL)   | Day/ I car)  | Cod   | le V  | / An   | nount (A)  |                                   | Price  |  |                                 |  | or Indirect (I) (Instr. 4)   | (Instr. 4)  |
| Commor   | 1 Stock  |                        | 02/02/2021  |  |  | F(1   | )   | 3,5  | 542 D  |                                   | *  | 3,746  |                                 |  | D  |   |
|  |  |                        |   |  | uv ownea a   | hrectly   | or indire   | ectly  |  |                                   |  |  |                                 |  |  |   |
| Reminder:  | report on a  | separate file for each |   | Derivat  | ive Securit  | ies Acq   | Per<br>in t<br>dis<br>uired, I                                | rsons<br>his fo<br>plays<br>Dispos   | orm are no<br>a curren   | ot re<br>tly v<br>Benef           | equired to<br>ralid OMI<br>ficially Ov   | o respond<br>B control r   | unless the                      |  | ned SEC  | 1474 (9-02)   |
|  | •  | ·                      | Table II -  | Derivat<br>(e.g., pu   | ive Securit  | ies Acq<br>arrants  | Per<br>in t<br>dis<br>uired, I                                | rsons his fo plays Dispos  | orm are no<br>a current<br>sed of, or E<br>vertible se           | ot re<br>tly v<br>Benef           | equired to<br>ralid OMI<br>ficially Ov<br>ties)  | o respond<br>B control r   | unless the                      | e form   |  |   |
| 1. Title of  | 2.<br>Conversion   | 3. Transaction         | Table II -  3A. Deemed Execution Date, if                   | Derivat<br>(e.g., pu<br>4.<br>Transac<br>Code                                  | ive Securit<br>ts, calls, w<br>5. Nu<br>tion of De<br>Secur<br>) Acqui | mber rivative ities red (A) posed 3, 4,                             | Per<br>in t<br>dis<br>uired, I                                | rsons his for plays Dispos s, con e Exerc                                    | orm are not a current sed of, or E vertible sed cisable and late | ot re<br>tly v<br>Benef<br>ecurit | equired to<br>ralid OMI<br>ficially Ov<br>ties)  | o respond<br>B control r<br>wned<br>and Amount<br>lying                | unless the<br>number.           | 9. Number<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction | of 10.<br>Owners<br>Form o<br>Derivat<br>Security<br>Direct (<br>or Indir<br>(s) (I) | 11. Nature of Indire Beneficitive Owners! (Instr. 4 |
| 1. Title of<br>Derivative<br>Security                  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative                                    | 3. Transaction Date    | Table II -  3A. Deemed Execution Date, if                   | Derivat<br>(e.g., pu<br>4.<br>Transac<br>Code                                  | 5. Nution of De Secur Acquior Disof (D) (Instr.                        | ies Acq<br>arrants<br>mber<br>rivative<br>ities<br>red (A)<br>posed | Per<br>in t<br>dis<br>uired, I<br>option<br>6. Date<br>Expira | Psons<br>his for<br>plays<br>Dispos<br>s, con<br>e Exerc<br>tion D<br>h/Day/ | orm are not a current sed of, or E vertible sed cisable and late | ot re<br>tly v                    | equired to ralid OMI ficially Orties)  7. Title are of Underly Securities                      | o respond<br>B control r<br>wned<br>and Amount<br>lying                | 8. Price of Derivative Security | 9. Number<br>Derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported                 | of 10.<br>Owners<br>Form o<br>Derivat<br>Security<br>Direct (<br>or Indir            | 11. Nature of Indire Beneficitive Owners! (Instr. 4 |

#### **Reporting Owners**

|  |              |          | Relationships |                    |       |  |  |  |
|--|--------------|----------|---------------|--------------------|-------|--|--|--|
| Reporting Owner Na   | me / Address | Director | 10%<br>Owner  | Officer            | Other |  |  |  |
| FROM STEPHEN<br>C/O EYEGATE PHARMA<br>271 WAVERLEY OAKS F<br>WALTHAM, MA 02452 | /            | X        |               | Executive Chairman |       |  |  |  |

### **Signatures**

| /s/ Sarah Romano, Attorney-in-Fact* | 02/03/2021 |
|-------------------------------------|------------|
| **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 02/01/2021.
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$6.34 to \$6.42, inclusive. The reporting person hereby (2) 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.
- (3) The reporting person received an Option to purchase Common Stock from the Issuer pursuant to the Issuer's 2014 Equity Incentive Plan. The Option will become exercisable as to one-third (1/3) of the shares underlying the Option on February 1, 2022, 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.