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* 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) 03/03/2021								Vi	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 PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	(Instr. 8)		tion	tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			D) B R	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Form:	Beneficial	
				(Month/Da	Ionth/Day/Year)		ode	V	Amoun	(A) or t (D)	Pric		nstr. 3 a	iiu 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		03/03/2021			F	(1)		192	D	\$ 5.46 (2)	5 1	16,110			D		
Reminder:	Report on a s	separate line fo	or each class of secur	rities benefi	cially or	wned		Pers	ons whained i	no resp n this f	orm a	are n	ot requ		ormation spond unle trol numbe	ss	1474 (9-02)
				Derivative (e.g., puts, o									Owned				
1. Title of Derivative Security (Instr. 3) 1. Title of Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/	Year) Execution Da	4. Transaction Code Year) (Instr. 8)		Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		A U Se (I	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Beneficia Ownershi (Instr. 4)	
				Cod	e V	(A)	(D)	Date Exer		Expirati Date	ion Ti	Title N	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*	03/05/2021

**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 03/01/2021.
 - The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.41 to \$5.49, 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.