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)																	
Name and Address of Reporting Person * Romano Sarah				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) Chief Financial Officer							
C/O EVECATE BILADA A CELITICAL C				3. Date of Earliest Transaction (Month/Day/Year) 03/03/2021								Chie	f Financial (Officer					
(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)			Ta	ble I	- Non	-Der	ivative :	Securition	es Ac	quir	ed, Dispo	sed of, or I	Beneficially	Owned		
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, is any (Month/Day/Year		ĺ	(Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (I	(D) Beneficial		nt of Securities ally Owned Following Transaction(s) and 4)		Ownership Form:	of Inc	7. Nature of Indirect Beneficial Ownership	
							Сс	ode	V	Amoun	(A) or t (D)	Pric	ce				or Indirect (I) (Instr. 4)	(Instr	:. 4)
Common Stock 03/03/2021		03/03/2021				F	(1)	218 D \$ 5.46 (2)		6 2	24,113			D					
Reminder:	Report on a s	separate line fo	r each class of secur Table II -	Derivat	tive Sec	uriti	les Ac	quire	Pers cont the f	ons what in the constant of th	no responding this for splays and of, or Be	orm a a cur	are i rrent	not requ	ction of inf iired to res OMB conf	pond unle	ess	C 1474 ((9-02)
1. Title of	2.	3. Transaction		<i>e.g.</i> , pu	-		rranı 5.	ts, op		ate Exer	tible sec			e and	8. Price of	9. Number	of 10.	11	1. Natur
	Conversion or Exercise Price of Derivative Security	ion Date (Month/Day/Ye	Date Execution Da (Month/Day/Year)	te, if Transaction Code ('ear) (Instr. 8)		Number ar		and Expiration Date (Month/Day/Year)		A U S (1	Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	ship of Bottive O' (In (D) rect	p of Indirect Beneficial Ownership (Instr. 4)		
					Code	V	(A)	(D)	Date Exer	e rcisable	Expirati Date	ion T	Γitle	Amount or Number of 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	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 \$5.46, 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.