## 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]							_X_	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director _X_ Officer (give title below) Other (specify below)  Executive Chairman					
(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								EX	ecutive Chai	rman			
(Street) WALTHAM, MA 02452				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	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,	ired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			(Instr. 8)		ction	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)			) Beneficiall		t of Securities lly Owned Following Transaction(s)		Ownership Form:	Beneficial
				(Month/D	onth/Day/Year)		ode	V	Amoun	(A) or (D)	Price	Ì	и. з а	iiu +)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		03/03/2021			F	(1)		898	D	\$ 5.46 (2)	72,	848			D	
Reminder:	Report on a s	separate line fo	or each class of secur	ities benef	icially o	wned		Pers	ons whained i	no respo n this fo	orm a	re not	requ	ction of inf uired to res OMB cont	spond unle	ess	1474 (9-02)
			Table II -	Derivative									wned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Ye		3A. Deemed Execution Da	te, if 4. Tran	e (r. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Ai Ui Se (Ii 4)	7. Title and Amount of Underlying Securities (Instr. 3 and		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Beneficia Ownershi (Instr. 4)	
				Со	de V	(A)	(D)	Date Exer	rcisable	Expirati Date	Ti	tle Nu of	mber				

#### **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	X		Executive Chairman			

### **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 \$5.46 to \$5.51, 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.