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 10% Owner X Officer (give title below) Other (specify below) Chief Financial Officer						
C/O EXTECATE DILABATA CELITICAL C				3. Date of Earliest Transaction (Month/Day/Year) 04/08/2021									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) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City		(State)	(Zip)			Ta	ble I	- Non	ı-Der	ivative :	Securition	es Ac	quire	ed, Dispo	sed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (E	D) E			ollowing Own Form Dire	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
							Co	ode	V	Amoun	(A) or t (D)	Pric	ce				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 04/08/2021					F	(1)	180 D \$ 4.94 (2)		4 2	23,933		D						
Reminder:	Report on a s	separate line fo	r each class of secu Table II -	Derivat	tive Sec	curiti	ies 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 r rrent	not requ lly valid	ction of inf ired to res OMB conf	pond unle	ess	C 1474 (9-02)
1. Title of	2.	3. Transaction		<i>(e.g.</i> , pu	-		irrani 5.	is, op		, conver ate Exer	tible sec			e and	8. Price of	9. Number	of 10.	11. Nat
	Conversion or Exercise Price of Derivative Security	Date Exercise (Month/Day/\(^2\) Exercise of rivative	Date Execution D (Month/Day/Year)	te, if Transaction Code (Instr. 8)		Number		and Expiration Date (Month/Day/Year)		A U S	Amount of Underlying Securities (Instr. 3 and 4)			Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	of Indir Benefic Owners (Instr. 4		
					Code	V	(A)	(D)	Date Exer	e cisable	Expirati Date	ion T	Title	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	04/09/2021

**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 04/01/2021.
 - The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$4.71 to \$4.94, 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.