# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

UMB APPR	OVAL
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* Gayron Kenneth L			2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]					ZEG1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director						
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108			3. Date of Earliest Transaction (Month/Day/Year) 04/19/2021							Officer (giv	re title below)	Oth	er (specify below	)	
WALTH	AM, MA	(Street) 02452		4. If Ame	ndment,	Oate O	riginal Filed	(Month/Day/Y	ear)	_X_ I	Form filed by	One Reporting	p Filing(Check Person Reporting Person	••	e)
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					Acquired,	Disposed	of, or Bene	eficially Own	ed		
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. Dee Executional Executiona	on Date, i	f Cod (Inst	r. 8)	4. Securitie (A) or Disp (Instr. 3, 4	posed of and 5)	f (D) Own Tran	Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed	Ownership of Form:	Beneficial Ownership
Reminder:	Report on a s	separate fine for each	class of securities	benericiai	ny ownec	direct	Perso conta	ons who re ained in th	is form	n are not r	equired		d unless the		474 (9-02)
Reminder:	Report on a s	separate fine for each			•		Perse conta form	ons who re ained in th	is form a curre	n are not r ently valid	required OMB co		d unless the		174 (9-02)
1. Title of		3. Transaction	Table II -	Derivativ (e.g., puts 4. Transact Code	ve Securis, calls, ve Scalls, ve Scalls, ve Scalls, ve Der Of Charles (A) Disgress of (I (Ins	vative urities uired or bosed D)	Perso conta form quired, Dis	sposed of, o convertible xercisable and Date	or Benef	n are not r ently valid ficially Ow	required OMB conned Amount	to respond ntrol numb	d unless the per. 9. Number o	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	Derivativ (e.g., puts 4. Transact Code	ve Securis, calls, v  5. N tion of Der  Security  Acq (A) Disp of (l	umber vative urities uired or oosed (b) r. a, a, a, b)	Persoconta form  quired, Dist, options,  6. Date E Expiratio (Month/E)  Date Exercisal	cons who realined in the displays a sposed of, o convertible are no Date day/Year)	is forma curre or Benefe securi	n are not rently valid ficially Own tities)  7. Title and of Underlying Securities	required OMB conned Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Gayron Kenneth L C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452	X					

### **Signatures**

/s/ Sarah Romano, Attorney-in-Fact*	04/21/2021
**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) 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 April 19, 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.