FORM 4	4
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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).

(Print or Type Responses)

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

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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

1. Name and Address of Reporting Per Mann Brenda	2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner XOfficer (give title below)Other (specify below)			
(Last) (First) C/O EYEGATE PHARMACE INC., 271 WAVERLEY OAKS SUITE 108	,	3. Date of Earliest Transaction (Month/Day/Year) 06/04/2021					VP of Research & De	evelopment		
(Street) WALTHAM, MA 02452		4. If Amendment, Date Original Filed(Month/Day/Year)					r)	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)	Ta	ble I - Nor	1-Der	ivative S	ecuriti	es Acqui	ired, Disposed of, or Beneficially	Owned	
1.Title of Security (Instr. 3)	2A. Deemed Execution Date, if any	(Instr. 8) (Instr. 3, 4 and 5)				l of (D)	Reported Transaction(s) For	Ownership Form:		
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	06/04/2021		F ⁽¹⁾		155	D	\$ 4.19 (2)	15,538	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of				4.	5								9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	Number		and Expiration	nd Expiration Date		unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	C	of ((Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Ι	Derivative				Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	Securities			(Instr. 3 and		: 3 and		Owned	Security:	(Instr. 4)
	Security				Acquired (A) or Disposed of (D)		red			4)			Following	Direct (D)	
													Reported	or Indirect	
												Transaction(s)	(I)		
												(Instr. 4)	(Instr. 4)		
					((Instr. 3, 4, and 5)									
					4										
											Amount				
								Date	Expiration		or				
								Exercisable Date		Title	Number				
								Exercisable	Date		of				
				Code V	V	(A)	(D)				Shares				

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Mann Brenda C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452			VP of Research & Development					

Signatures

/s/ Sarah Romano, Attorney-in-Fact*	06/07/2021	

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 06/01/2021.
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$4.19 to \$4.39, 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.