FORM 4

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

OMB APPROVAL
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

(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							
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108				3. Date of Earliest Transaction (Month/Day/Year) 06/04/2021								Cnie	f Financial C	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 PersonForm filed by More than One Reporting Person							
(City		(State)	(Zip)		Tab	ole I - N	Von-	Deriv	vative S	Securition	es Ac	quire	ed, Dispo	osed of, or E	Beneficially	Owned		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		e, if	(Instr. 8)		(.	4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		D) E	5. Amount of Securities Beneficially Owned Fo Reported Transaction(s (Instr. 3 and 4)		ollowing	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code		V A	Amount	or	Pric	ce				(I) (Instr. 4)	(msu. 4)	
Common Stock 06/04/2021				F(1)	1	1	180	D	\$ 4.19 (2)	9 2	23,576 I		D					
Reminder:	Report on a s	separate line fo		Derivative Secu	uritie	es Acqu	P c tl	Perso contai he fo	ons wh ined ir orm dis	o responding this for this for Bo	orm a a cur	are r rrent	not requ lly valid	ction of inf lired to res OMB cont	pond unle	ss	1474 (9-02)	
1. Title of	2	3. Transaction		(e.g., puts, calls	, war				convert te Exerc				e and	8. Price of	9. Number	of 10.	11. Natur	
		onversion Date Exercise (Month/Day/Ye ice of crivative	on Date Execution Date (Month/Day/Year) Execution Date any (Month/Day/Year)		te, if Transaction N Code of (Instr. 8) D Sc A:		Number	ber and I (Mor vative rities hired or osed 0) r. 3,		d Expiration Date Ionth/Day/Year)		A U S	Amou Jnder Securi Instr.	nt of lying	Derivative Security (Instr. 5)		Owners Form o Derivat Security Direct (or Indir	hip of Indirect Beneficia Ownersh (Instr. 4) D) ect
				Code	V ((A) (I	I	Date Exerci		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	06/07/2021

**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 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.