## 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											
1. Name and Address of Reporting Person* FROM STEPHEN				2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]						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) 07/02/2021							EX	ecutive Chai	rman		
(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 Person _Form filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui					ired, Disposed of, or 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)		ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)			Following	Ownership Form:	7. Nature of Indirect Beneficial Ownership
				(Month/Day/Year		Code	V	Amoun	(A) or (D)	Price	(msu. 3 a	iiu 4)		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 07/02/2021		07/02/2021		F <u>(1)</u>			877	D	\$ 3.7 (2)	69,305			D		
Reminder:	Report on a s	separate line fo	or each class of secur	ities beneficially o	wned	l direct	-		-	nd to	the collec	ction of inf	ormation	SEC	1474 (9-02)
													spond unle trol numbe		
				Derivative Securit e.g., puts, calls, w							lly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	n 3A. Deemed Execution Da any	4. Transaction Code Year) (Instr. 8)	4. 5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Ame Und Seco	itle and ount of lerlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Beneficia Ownersh (Instr. 4)	
				Code V	(A)	(D)	Date Exer	e rcisable	Expiratio Date	Title	Amount or Number of Shares				

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address		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*	07/06/2021
**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 07/01/2021.
  - The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$3.70 to \$3.75, 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.

#### Remarks:

\*Signed under power of attorney on behalf of Reporting Person

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.