| 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Romano Sarah | 2. Issuer Name a EYEGATE PH [EYEG] | | | 0, | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner 0ther (specify below) | | | | | |
|--------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|--------------|-------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|--|--|
| (Last) (First) C/O EYEGATE PHARMACE INC., 271 WAVERLEY OAKS SUITE 108 | / | 3. Date of Earliest 09/02/2021 | Transactio | n (Mo | onth/Day/ | Year) | Chief Financial C | Jfficer | | | |
| (Street) WALTHAM, MA 02452 | 4. If Amendment, 1 | Date Origii | nal Fi | led(Month/ | Day/Yea | 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 | n-Der | ivative S | ecuriti | es Acqu | uired, Disposed of, or Beneficially Owned | | | |
| 1.Title of Security (Instr. 3) | Execution Date, if | Code (Instr. 8) | ction | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Ownership of India Form: Benefic | 7. Nature of Indirect Beneficial Ownership | | |
| | | (Monul/Day/Tear) | Code | v | Amount | (A) or (D) | Price | (IIISU, 5 and 4) | or Indirect (I) (Instr. 4) | | |
| Common Stock | 09/02/2021 | | F <u>(1)</u> | | 84 | D | \$ 1.81 (2) | 23,225 | 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 | 2. | 3. Transaction | 3A. Deemed | 4. | | 5. | | 6. Date Exer | cisable | 7. Tit | le and | 8. Price of | 9. Number of | 10. | 11. Nature |
| Derivative | Conversion | Date | Execution Date, if | Transact | ion | Num | ber | and Expirati | on Date | Amo | unt of | Derivative | Derivative | Ownership | of Indirect |
| Security | or Exercise | (Month/Day/Year) | any | Code | | of | | (Month/Day | /Year) | Unde | rlying | Security | Securities | Form of | Beneficial |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | | Deriv | ative | | | Secur | rities | (Instr. 5) | Beneficially | Derivative | Ownership |
| | Derivative | | | | | Secur | rities | | | (Instr | . 3 and | | Owned | Security: | (Instr. 4) |
| | Security | | | | | Acqu | ired | | | 4) | | | Following | Direct (D) | |
| | | | | | | (A) o | r | | | | | | Reported | or Indirect | |
| | | | | | | Dispo | osed | | | | | | Transaction(s) | (I) | |
| | | | | | | of (D |) | | | | | | (Instr. 4) | (Instr. 4) | |
| | | | | | | (Instr | . 3, | | | | | | | | |
| | | | | | | 4, and 5) | | | | | | | | | |
| | | | | | | | | | | | Amount | | | | |
| | | | | | | | | | | | or | | | | |
| | | | | | | | | | Expiration | | Number | | | | |
| | | | | | | | | Exercisable | Date | | of | | | | |
| | | | | Code | v | (A) | (D) | | | | 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

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 09/01/2021.
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$1.80 to \$1.81, 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.