FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
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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

(11mt of 1y	pe Response	/														
1. Name and Address of Reporting Person* GOLDBERG MORTON			2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]					G1	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			CALS,	3. Date of Earliest Transaction (Month/Day/Year) 02/19/2015							Officer (giv	re title below)	Oth	er (specify belo	v)	
(Street) WALTHAM, MA 02452				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ F	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)			(Zip)			Table	I - Non	-Deri	vative Secu	rities A	cquired,	Disposed	of, or Bene	eficially Ow	ed	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Dee Executionary (Month/	on Date,	(Ins	tr. 8)	(1		sed of (I	D) Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	Beneficial Ownership	
Reminder:	Report on a s	separate line for each	class of securities	beneficial	lly owne	1 direct	Pe	erson	s who res				of informa	ntion d unless th		474 (9-02)
Reminder:	Report on a s	separate line for each			•		Pe co fo	erson ontair rm di	s who res ned in this	form a	re not r y valid	equired OMB co		d unless th		474 (9-02)
1. Title of		3. Transaction	Table II -	Derivativ (e.g., put: 4. Transact Code	ve Securs, calls, s, calls, calls	ities Acvarran Jumber ivative urities juired or posed D) tr. 3, 4,	Pecception of the control of the con	price on tair ontair on di Dispons, contair te Exe	is who res ned in this isplays a co osed of, or lonvertible so rcisable and	Form a currentle Benefici ecurities of U	re not r ly valid ally Ow	equired OMB co ned Amount	to respond ntrol numb	9. Number	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natur 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., put: 4. Transact Code	ve Securs, calls, ve States, calls, ve Securs, c	Jumber authorities	Pecception of the control of the con	erson nontair rm di Disp ons, co e Exe e Exe ation I	is who respectively in this isplays a convertible so reisable and Date party. Year	Form a currentle Benefici ecurities 7. Tof U Sec (Ins	re not r ly valid ally Own s) Title and Underlyin parities str. 3 and	equired OMB co ned Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire (s) (I)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

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

Signatures

/s/ Authorized Signatory*	02/23/2015
**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 option became exercisable as to 33% of the shares underlying the option on April 24, 2014 and the remaining balance vests monthly on the first day of each calendar month thereafter.

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.