FORM 4

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

| OIVIB APPR | UVAL |
|---------------------|-----------|
| 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) | | | | | | | | | | | | | |
|--|---|------------------------|--|---|---|--|---|--|--|---|--|--|--|---|--|
| 1. Name and Address of Reporting Person * Chaoui Mounia | | | 2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG] | | | | | VEGI | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| (Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108 | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2015 | | | | | | | Officer (giv | ve title below) | Oth | er (specify below | <i>i</i>) | |
| (Street) WALTHAM, MA 02452 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | e) | |
| (City) (State) (Zip) | | | (Zip) | Table I - Non-Derivative Securities Acqu | | | | | es Acquired | l, Disposed | l of, or Bend | eficially Owr | ed | | |
| 1.Title of S (Instr. 3) | Security | | 2. Transaction Date (Month/Day/Year) | 2A. Dee Execution any (Month/ | on Date, | if Coo | ransactio de etr. 8) | (A) | Securities Acq) or Disposed istr. 3, 4 and 5 | of (D) Ow Tra | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | ed | Ownership Form: | Beneficial Ownership |
| Reminder: | Report on a s | separate line for each | n class of securities | beneficial | lly owne | d direc | Pe | rsons | who respon | | | | | | 474 (9-02) |
| Reminder: | Report on a s | separate line for each | | | | | Pe co for | rsons ntaine m dis | | m are not ently valid | required I OMB co | to respon | d unless th | | 474 (9-02) |
| 1. Title of | · | 3. Transaction | Table II - 3A. Deemed Execution Date, if | Derivativ (e.g., put: 4. Transac Code | ve Securis, calls, 5.1 tion of De Ac (A) Dis | ities A warran Jumbe ivative urities quired or posed D) str. 3, 4 | Pe co for cquired, atts, option 6. Date Expira (Month | rsons ntaine rm dis Dispos | who responded in this for splays a currosed of, or Benavertible securities and ate | m are not ently valid | required I OMB co | to respond ntrol numbers 18. Price of | d unless th | f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec | 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 | Derivativ (e.g., put: 4. Transac Code | ve Securs, calls, 5.1 tion of December Security | ities A warran Jumbe ivative urities quired or posed D) str. 3, 4 | Pe co for cquired, its, option 6. Date Exerci | rsons ntainer m dis Dispos ns, con e Exerc tion Da h/Day/ | who responded in this for splays a currosed of, or Benavertible securities and ate | eficially Overities) 7. Title and of Underly Securities | required I OMB co | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction | f 10. Ownersh Form of Derivativ Security: Direct (D or Indirects) (I) | 11. Natur of Indirec Beneficia Ownershi (Instr. 4) |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Chaoui Mounia 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.