FORM 4

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

OMB APPR	OVAL
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

(Print or Type Responses) 1. Name and Address of Reporting Person* HANCOCK THOMAS			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HANCOCK THOMAS (Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108			EYEGATE PHARMACEUTICALS INC [EYEG] 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2015					YEG] _x		ve title below)	109	% Owner her (specify belo	ow)	
(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 Person Form filed by More than One Reporting Person					
(City	y)	(State)	(Zip)		ŗ	Fable 1	I - Non-Der	ivative Securition	es Acquired	d, Disposed	of, or Ben	eficially Owr	ied	
1.Title of S (Instr. 3)	Title of Security str. 3) 2. Transaction Date (Month/Day/Year		Execution Date, if any (Month/Day/Year)		(Instr. 3, 4 and 5) (A) or		Ow Tra	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
Reminder:	Report on a s	separate mic for each			•		contai	ns who respor ined in this for displays a curr	m are not	required	to respon	d unless th		1474 (9-02)
Reminder:	Report on a s	separate file for each	Table II -		ve Securit		contai form c	ined in this for displays a curr posed of, or Ben	m are not ently valid eficially Ov	required d OMB co	to respon	d unless th		1474 (9-02)
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	4. Transact	ve Securits, calls, was 5. Nution of Deriv) Securical Acquired (A) o Disport of (D	mber rative rities ired rosed) . 3, 4,	contai form c quired, Disp s, options, c 6. Date Ex Expiration (Month/Da	ined in this for displays a curroscend of, or Ben convertible securercisable and Date any/Year)	m are not ently valid eficially Own rities) 7. Title and of Underly Securities	required d OMB co wned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivati Security Direct (or Indire	11. Natu of Indire Benefici Ownersl (Instr. 4

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
HANCOCK THOMAS 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.