## 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 Ty	pe Responses	5)												
1. Name and Address of Reporting Person * TYLE PRAVEEN			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						
	EGATE PE	(First) HARMACEUTIO LLEY OAKS RO	CALS,	3. Date of Earliest Transaction (Month/Day/Year) 02/19/2015				Officer (giv	ve title below)	Othe	r (specify belo	v)		
WALTH	AM, MA	(Street) 02452		4. If Ame	ndment, I	Date Or	iginal Filed(I	Month/Day/Year)	_X_	Form filed by	One Reporting	up Filing(Check Person Reporting Person	Applicable Lii	ne)
(City	y)	(State)	(Zip)			Table	I - Non-Der	vative Securiti	es Acquired	l, Disposed	of, or Bene	eficially Own	d	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	med on Date, it Day/Year	Code (Instr	r. 8) (	Amount (D)	of (D) Ow Tra (Ins	(D) Owned Following Reported Transaction(s) (Instr. 3 and 4) (Instr. 3 and 4)		Ownership orm:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder:	Report on a s	separate fine for each	retuss of securities		iy owned		Perso	ns who respo						1474 (9-02)
Reminder:	Report on a s	separate file for each	Table II -	Derivativ	e Securi	ies Ac	Person contai form d	ns who responed in this foisplays a cur	rm are not rently valid neficially Ov	required I OMB co	to respond	d unless the		1474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II -  3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transact Code	ze Securits, calls, w 5. Nicion of Deri Security Acquire (A) of Disport (I	ies Accarrant imber vative rities aired or ossed	Person contai form d quired, Disp s, options, c	ns who responed in this for isplays a curbosed of, or Beronvertible securicable and Date	rm are not rently valid neficially Ov	required I OMB co	to respond ntrol numbers	d unless the	10. Ownersh Form of Derivativ Security: Direct (I or Indire	inip of Indirect 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., puts 4. Transact Code	5. Notion of Deri Secu Acquarta (A) of Disport (Institute (Institu	ies Accarrant umber vative vative rities ured vor opsed var sign sign sign sign sign sign sign sign	Person contain form of the property of the pro	ns who responded in this for isplays a curbosed of, or Beronvertible securities and Date by/Year)	rm are not rently valid neficially Own rities)  7. Title and of Underly Securities	required I OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (I or Indire	inip of Indirect Beneficia Ownershi (Instr. 4)

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
TYLE PRAVEEN 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.