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

OMB APPROVAL					
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hours per response	0.5				

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	8)													
1. Name and Address of Reporting Person* FROM STEPHEN			2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]					YEG] _x	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					X	X Officer (give title below) Other (specify below) President and CEO						
(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						
(City	y)	(State)	(Zip)			Ta	ıble I	- Non-Deriv	vative Securiti	es Acquired	l, Disposed	l of, or Bend	eficially Owi	ied	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. Dee Executionary (Month/	on Date	e, if (. 8) (1	A) or Disposed nstr. 3, 4 and 5	of (D) Ow Tra			ed	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder:	Report on a s	separate line for each	i class of securities					Person	s who responed in this fo	rm are not	required	to respon	d unless th		1474 (9-02)
Reminder:	Report on a s	separate line for each	Table II -	Derivati	ve Sec	urities	s Acq	Person contair form di	ed in this fo splays a cur osed of, or Bei	rm are not rently valid reficially Ov	required d OMB co	to respon	d unless th		1474 (9-02)
1. Title of Derivative Security	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivation (e.g., put) 4. Transac Code	ve Section of D	urities s, war . Num f Derivat ecuriti cquire A) or Dispose f (D) Instr. 3	s Acq rants iber tive ies ed	Person contair form di	need in this for splays a cur osed of, or Bernvertible securcisable and Date	rm are not rently valid reficially Ov	required d OMB co wned d Amount ving	to respond ntrol numbers 8. Price of	d unless th	of 10. Owners! Form of Derivati Security Direct () or Indire	11. Nature of Indire Beneficity (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	Derivation (e.g., put) 4. Transac Code	ve Section of the sec	urities i, wari Num f berivat ecuritie cequire f f(D) instr. 3	s Acq rants bber tive eies ed	Person contair form di uired, Dispo, options, co	eed in this fo splays a cur osed of, or Ber orcisable and Date v/Year)	rm are not rently valid reficially Overities) 7. Title and of Underly Securities	required d OMB co wned d Amount ving	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners: Form of Derivati Security Direct (1) or Indirect (s) (I)	11. Nature of Indire Beneficity (Instr. 4)

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

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.