# FORM 4

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

| OMB APPE           | ROVAL     |
|--------------------|-----------|
| OMB Number:        | 3235-0287 |
| Estimated average  | burden    |
| hours per response | 9 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   | /                                      |  |  |  |   |   |  |   |  |  |   |   |   |  |
|---|---|--|--|--|--|---|---|--|---|--|--|---|---|---|--|
| 1. Name and Address of Reporting Person* BALLAND THOMAS |   |  | 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      |  |  |   |   |   |  |
|   | GATE PI   | (First)<br>HARMACEUTIO<br>RLEY OAKS RO | CALS,  | 3. Date of Earliest Transaction (Month/Day/You) 02/19/2015 |  |   | Day/Year)   | _  |   | ve title below)  | Oth  | er (specify belo                        | w)  |   |  |
| (Street) WALTHAM, MA 02452                              |   |  |  | 4. If Amendment, Date Original Filed(Month/Day/Year)       |  |   |   |  |   | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person  |  |   |   | ne)   |  |
| (City   | y)  | (State)                                | (Zip)  |  |  | Tab   | le I - No   | n-Deri   | ative Securit   | es Acquire   | ed, Disposed   | l of, or Bend                           | eficially Own   | ed  |  |
| 1.Title of S (Instr. 3)                                 | ecurity   |  | 2. Transaction<br>Date<br>(Month/Day/Year)                                     | 2A. Dee<br>Executionary<br>(Month/                         | on Date,   | if Co<br>(In  | Transacode astr. 8)                               | (1   | Securities AcA) or Disposed nstr. 3, 4 and 5  | of (D) Or (In  | Amount of wned Follow ransaction(s) nstr. 3 and 4        | ving Reporte                            | ed  | Ownership<br>Form:<br>Direct (D)  | 7. Nature of Indirect Beneficial Ownership (Instr. 4)          |
| Reminder:   | Report on a s   |  |  |  |  |   | (   | contair  | s who respo<br>ed in this fo<br>splays a cur  | rm are no  | t required   | to respon                               | d unless the  |   | 474 (9-02)   |
| Reminder:   | report on a s   |  |  |  |  |   | Acquire   | contair<br>form di<br>d, Dispo   | ed in this fo<br>splays a cur<br>osed of, or Be   | rm are no<br>rently vali<br>neficially O   | t required<br>id OMB co                                  | to respon                               | d unless the  |   | 474 (9-02)   |
| 1. Title of<br>Derivative<br>Security                   | 2.<br>Conversion  | 3. Transaction                         | 3A. Deemed<br>Execution Date, if   | (e.g., put<br>4.<br>Transac<br>Code                        | s, calls, 5.1 5.1 6 De 7 See 8 Ac (A' Dis 9 of (In | Numberivative curities quired or posed D) str. 3,     | Acquireents, opt or 6. D Exp (Mo                  | contair<br>form di<br>d, Dispo<br>ions, co                                     | need in this for splays a cur osed of, or Ben nvertible securcisable and Date                     | rm are no<br>rently vali<br>neficially O   | ot required<br>id OMB co<br>Owned<br>and Amount<br>lying | to respond<br>ntrol numbers 8. Price of | d unless the  | f 10.<br>Ownersh<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire | 11. Natur<br>of Indirec<br>Beneficia<br>Ownershi<br>(Instr. 4) |
| 1. Title of<br>Derivative<br>Security                   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Transaction Date                    | 3A. Deemed<br>Execution Date, if<br>any  | (e.g., put<br>4.<br>Transac<br>Code                        | s, calls, tion of De Sec (A Disor of (In and       | Numberivative curities quired or posed D) str. 3, 15) | Acquire<br>ints, opt<br>er 6. D<br>Exp<br>ee (Moo | contair<br>form di<br>d, Dispo<br>ions, co<br>ate Exe<br>iration I<br>onth/Day | sed in this fo<br>splays a cur<br>osed of, or Ben<br>nvertible securcisable and<br>Date<br>/Year) | rm are no rently valided in the rently valided in the rently of the rent | ot required<br>id OMB co<br>Owned<br>and Amount<br>lying | 8. Price of Derivative Security         | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction( | f 10.<br>Ownersh<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire | ip of Indirect Beneficia Ownersh (Instr. 4)                    |

## **Reporting Owners**

|   | Relationships |              |         |       |  |  |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |
| BALLAND THOMAS<br>C/O EYEGATE PHARMACEUTICALS, INC.<br>271 WAVERLEY OAKS ROAD, SUITE 108<br>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.