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 Response | s) | | | | | | | | | | | | | | |
|--|---------------|--|---|--|-------|------------|--|-----------------------------|----------------------|---|---|---|---|--|---|------------|
| 1. Name and Address of Reporting Person * CHANEY PAUL G | | | | 2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG] | | | | | | /EG1 | 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) 02/24/2015 | | | | | | - | _ Officer (giv | re title below) | Othe | r (specify below) | | |
| (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 | | | | | | |
| (Cit | y) | (State) | (Zip) | | | Ta | ıble I | - Non-Dei | rivative S | ecuritie | s Acquired | , Disposed | of, or Bene | ficially Owne | d | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | Execution Date, if any (Month/Day/Year) | | Code | 8) | (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) Ow Tra | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | d (| Ownership form: B Oirect (D) r Indirect (I | Nature f Indirect eneficial ownership nstr. 4) | | |
| Reminder: | Report on a s | separate line for each | | - Derivat | ive S | Securities | Acq | Perso in this displa | ns who is form are | re not re rently v | equired to valid OME ficially Ow | respond control r | unless the | tion contain e form | ed SEC 14 | 774 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | | nversion Date Executive (Month/Day/Year) Executive (Month/Day/Year) (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. 5. N Transaction of E Code Sector (Instr. 8) Acq or E of (Instr. 8) Acq | | 5. Numb | er ative es d (A) osed | 6. Date Expiration (Month/D | kercisable n Date | Date of Sey/Year) 7. Se | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) | Form of Derivative Security: Direct (D) or Indirect (I) | (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisab | Expira le Date | ation | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Stock Option (right to buy) | \$ 5.75 | 02/24/2015 | | A | | 20,000 | | (1) | 02/24 | 1/2025 | Common Stock | 20,000 | \$ 0 | 20,000 | D | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| CHANEY PAUL G C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452 | X | | | | | |

Signatures

| /s/ Authorized Signatory* | 02/26/2015 |
|---------------------------------|------------|
| **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).

25% of the option shares vested and became exercisable as of the Transaction Date, 25% of the option shares vest and become exercisable on February 24, 2016, and the remaining option (1) shares vest and become exercisable in 24 consecutive equal monthly installments on the first calendar day of each 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.