## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

Name and Address of Reporting Person*  FROM STEPHEN				2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director _X_ Officer (give title below)					
(CO EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108				3. Date of Earliest Transaction (Month/Day/Year) 05/01/2015											
(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 Person Form filed by More than One Reporting Person							
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui					ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	f Code (Instr. 8)		ction	(A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)			Ownership of Form:	Beneficial	
				(Month/Day/Tea		Code	V	Amou	(A) or (D)	Price	(msu. 3 a	and 4)		or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		05/01/2015			A		30,63 (1)	5 A	\$ 0	71,975			D	
Reminder:	Report on a s	separate line fo		Derivative Securi	ties A	cquire	Pers conta the fe	ons whained i	no respo n this fo splays a	rm ar curre	e not requently valid	OMB con	formation spond unle trol numbe	ess	2 1474 (9-02)
1. Title of	2.	3. Transaction		e.g., puts, calls, w	varran 5.	its, op				<del></del>	itle and	8. Price of	9. Number	of 10.	11. Natur
	Conversion or Exercise Price of Derivative Security	Date (Month/Day/	Execution Da any	te, if Transaction Code Year) (Instr. 8)	Num of	vative rities nired or osed 0) r. 3,	and Expiration Date (Month/Day/Year) Ar Ur Se		Am Und Sec (Ins	ount of derlying urities tr. 3 and		Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Owner Form of Derivat Securit Direct or India	ship of Indirect Beneficia Ownershi (Instr. 4)	
				Code V	(A)	(D)	Date Exer		Expiration Date	on Titl	Amount or Number of Shares				

### **Reporting Owners**

	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*	05/05/2015
**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 Reporting Person received Restricted Shares from the Issuer pursuant to the Issuer's 2014 Equity Incentive Plan, which are subject to vesting and certain other conditions. 13% of the Restricted Shares are fully vested as of the Transaction Date, and 29% vest on each of June 30, 2015, September 31, 2015, and December 31, 2015.

#### 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.