## FORM 4

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

OMB APPROVAL
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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

1. Name and Address of Reporting Person*				2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer					
HANCOCK THOMAS				EYEGATE PHARMACEUTICALS INC [EYEG]					(Check all applicable)  _X_ Director 10% Owner  Officer (give title below) Other (specify below)					
(Last) (First) (Middle) C/O 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, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s)		ollowing	Ownership Form:	Beneficial
					Code	V	Amou	(A) or (D)	Price	(Instr. 3 a			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		05/01/2015		A		13,48 (1)	7 A	\$ 0	13,487		D			
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficially ov	vned direct	ly or i	indirectl	y.						
						cont	ained i	n this fo	rm are	e not requ		formation spond unle trol numbe	ess	1474 (9-02)
				Derivative Securiti e.g., puts, calls, wa						lly Owned				
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution Data Year) any	te, if Transaction Code (Instr. 8)	5. Number of (Month/Day/Year)  6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Und Sec	itle and ount of lerlying urities tr. 3 and			Owners Form of Derivat Security Direct ( or Indir	Beneficia Ownershi (Instr. 4)		
				Code V	(A) (D)	Date Exer	cisable	Expiration Date	n Title	Amount or Number of Shares				

### **Reporting Owners**

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

### **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.