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 * 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 10% Owner						
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108				3. Date of Earliest Transaction (Month/Day/Year) 08/28/2015							[X Officer (give title below) Other (specify below) President and CEO						
(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						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned									
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execut any	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(4	4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		of (D)	D) Owned Follow Transaction(s)				Ownership Form:	7. Nature of Indirect Beneficial	
				(Month	i/Day	y/ Y ear)	Co	de	V A	Amount	(A) or (D)		(Instr. 3 and 4)				Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock 0		08/28/2015				A			4,807	A	\$ 0	71,975			D			
			Table II -	· Derivat	ive S	Securitio	es Acq	in di:	this f splay	orm are s a curre	not re ently v	equired /alid Ol	I to respo MB conti	ond	unless the	tion contair e form	ieu sec	1474 (9-02)
4 5711 0	l _a	la m		(e.g., pu		alls, wa	rrants	, optio	ns, co	nvertible	securi	ities)			0.71.0	la	2 4 2	144.27
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Num of Deri Securit Acquir or Disp of (D) (Instr. and 5)	ed (A) posed Expiratio		ation 1			7. Title and Amount of Underlying Securities (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s	Ownersh Form of Derivativ Security: Direct (D or Indirects)	Beneficia Ownersh (Instr. 4)
				Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	on	Title	Amo or Num of Shar	ber		(Instr. 4)	(Instr. 4)
Stock		08/28/2015				50,00			(2)	08/28/2		Comn	non 50,0		\$ 0	50,000	D	

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*	09/01/2015
**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. The Restricted Shares are not subject to vesting.
- The Reporting Person received an Option to purchase Common Stock from the Issuer pursuant to the Issuer's 2014 Equity Incentive Plan. The Option became exercisable as to 25% of the (2) shares underlying the Option on August 28, 2015, 25% of the shares underlying the Option become exercisable on August 28, 2016, and the remaining balance vests monthly on the first day of each calendar month thereafter for a period of two years.

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.