# FORM 4

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

UMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	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

(111111 01 1)	pe Response														
1. Name and Address of Reporting Person* BALLAND THOMAS			2. Issuer Name <b>and</b> Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]					21	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner						
	GATE PI	(First) HARMACEUTIO RLEY OAKS RO	CALS,	01/25/2016					Officer (giv	e title below)	Oth	er (specify below	<u>()</u>		
WALTH	AM, MA	(Street) 02452		4. If Ame	ndment, l	Oate O	riginal Filed	(Month/Day/Yea	ur)	_X_ F	orm filed by	One Reporting	up Filing(Chec Person Reporting Perso	••	e)
(City	y)	(State)	(Zip)			Table	I - Non-De	rivative Secu	ırities Ac	quired,	Disposed	of, or Bene	eficially Own	ed	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. Dee Executionary (Month/	on Date, i	f Code (Inst	r. 8)		osed of (D	O) Own Tran (Inst	Owned Following Reported Transaction(s) For Oil (Instr. 3 and 4) Or Oil (I)		Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
Reminder:	Report on a s	separate line for each	class of securities	beneficial	lly owned	airect	Perso conta	ons who res	s form ar	re not r	equired	to respond	d unless the		474 (9-02)
Reminder:	Report on a s	separate line for each	Table II -	Derivativ	ve Securi	ties Ac	Perso conta form	ons who restined in this displays a sposed of, or	s form an currently Beneficia	re not r y valid ally Owi	equired OMB co	to respond	d unless the		474 (9-02)
1. Title of		3. Transaction	Table II -	Derivativ (e.g., put: 4. Transact Code	ye Securis, calls, we still so that the security of the securi	vative urities uired or cosed D)	Perso conta form quired, Dis	sposed of, or convertible secretable and	Beneficia securities d 7. T of U Secu	re not r y valid ally Own	equired OMB co	to respond ntrol numb	d unless the per. 9. Number o	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	p of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	Derivativ (e.g., put: 4. Transact Code	ve Securis, calls, wo fitted of Derice Acq (A) Dispose of (I	umber vative urities uired or oosed (b) r. 3, 4,	Persoconta form  quired, Dist, options,  6. Date E Expiratio (Month/E)  Date Exercisal	ons who resided in this displays a convertible servisable and analyyear)	Beneficia securities d 7. T of U Secu (Ins	re not ry valid  ally Own  itle and  Juderlyin  urities  tr. 3 and	equired OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirect s) (I)	p of Indirec Beneficia Ownershi (Instr. 4)

## **Reporting Owners**

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

#### **Signatures**

/s/ Authorized Signatory*	01/27/2016
**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 an Option to purchase Common Stock from the Issuer pursuant to the Issuer's 2014 Equity Incentive Plan. The Option will become exercisable as to one-third (1/3) of the shares underlying the Option on January 25, 2017, and the remaining balance vests monthly on the first day of each calendar month thereafter for a period of two years.

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.