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 Responses	8)													
Name and Address of Reporting Person * TYLE PRAVEEN			2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]					VEGI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director10% Owner						
	EGATE PE	(First) HARMACEUTIO	CALS,	3. Date of Earliest Transaction (Month/Day/Year) 01/25/2016					_ Officer (giv	e title below)	Oth	r (specify below	()		
WALTH	(Street) /ALTHAM, 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)			Table	I - Non-De	rivative S	Securitie	es Acquired	, Disposed	of, or Bend	eficially Own	ed	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	emed on Date, i	f Cod (Inst		4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5		of (D) Owned Fol				Ownership of Form:	7. Nature of Indirect Beneficial Ownership	
							ode V	Amount	(A) or (D)	Price	or Indirect (I)		r Indirect (*	
Reminder:	Report on a s	separate line for each	class of securities	beneficia	lly owned	direct	Pers cont	ons who ained in t	his for	m are not	required	of informato respondent	d unless the		474 (9-02)
Reminder:	Report on a s	separate line for each	class of securities	benепсіа.	lly owned	direct	Pers cont	ons who ained in t	his for	m are not	required	to respon	d unless the		474 (9-02)
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivation (e.g., put) 4. Transac Code	ve Securis, s, calls, w 5. N tion of Deri Carrier Acq (A) Disp of (I	vative urities uired or cosed D)	Perscontaform quired, Di is, options, 6. Date E Expiratio	ons who ained in t displays sposed of, convertib xercisable n Date	this for a curr or Ben ole secu	m are not ently valid eficially Ov rities) 7. Title and of Underly Securities	required I OMB co	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	p of Indirec Beneficia Ownershi (Instr. 4)
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Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
TYLE PRAVEEN 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.