## FORM 4

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

OMB APPROVAL
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

	pe Response	CD (' D *		о т	N.T.		T' 1	Tr. 1'	G 1 1	5 1	Relationshi	n of Reporti	ng Person(s) t	o Issuer	
1. Name and Address of Reporting Person – MANZO MICHAEL P.				2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
C/O EYE	(Last) (First) (Middle) /O EYEGATE PHARMACEUTICALS, NC., 271 WAVERLEY OAKS ROAD, SUITE				3. Date of Earliest Transaction (Month/Day/Year) 01/25/2016						X_Officer (give title below) Other (specify below)  Vice President of Engineering				
(Street) WALTHAM, 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				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					es Acquirec	lired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. Dee Execution any (Month/	on D	ate, if		(8)	Amount (D)	Own Tra			ed C	Ownership of I	Beneficial Ownership
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Reminder:	Report on a s		Table II -					contain form d quired, Disp	ned in this for isplays a curr osed of, or Ben	m are not ently valid	required d OMB co	to respon	d unless the		474 (9-02)
1. Title of	•	3. Transaction	3A. Deemed Execution Date, if	4. Transac Code	tion	lls, war 5. Num	ber ive ies ed	contain form d quired, Disp s, options, co	ned in this for isplays a currosed of, or Ben onvertible securcisable and Date	m are not ently valid	required d OMB co wned d Amount /ing	to respondent of number of number 18. Price of	d unless the	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur of Indired Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date, if any	4. Transac Code	tion	lls, war 5. Num of Derivat Securit Acquire (A) or Dispose of (D) (Instr. 3 and 5)	ber ive ies ed	contain form d quired, Disp s, options, co 6. Date Exe Expiration	ned in this for isplays a currossed of, or Ben onvertible securcisable and Date (//Year)	eficially Overities)  7. Title and of Underly Securities	required d OMB co wned d Amount /ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirects)	11. Natur of Indired Beneficia Ownersh (Instr. 4)

		Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
MANZO MICHAEL P. C/O EYEGATE PHARMACEUTICALS 271 WAVERLEY OAKS ROAD, SUIT WALTHAM, MA 02452	7		Vice President of Engineering				

## **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.