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

OMB APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
houre per recognic	0.5

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 lint of 1 y	pe Response	S)												
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					
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108			CALS,	3. Date of Earliest Transaction (Month/Day/Year) 03/29/2016						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)						6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Cit		(State)	(Zip)		,	Γable I	- Non-Deri	vative Securitie	s Acquired	d, Disposed	of, or Bene	ficially Own	ed	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	emed on Date, if /Day/Year)		8) (1	Amount (D)	of (D) Ow Tra	Amount of S wned Follow ansaction(s) str. 3 and 4)		d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder:							Person	s who respon	d to the c	ollection	of informat	tion contain	ned SEC	1474 (9-02)
			Table II -				in this display	s who respon form are not ros a currently to used of, or Bene	equired to valid OME ficially Ov	o respond 3 control n	unless the		ned SEC	1474 (9-02)
1. Title of		3. Transaction Date (Month/Day/Year)	Table II - 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact	5. Nur of Der Securi	nber ivative ties red (A) posed 3, 4,	in this display	form are not rest a currently versed of, or Beneonvertible securercisable and Date	equired to valid OME ficially Ov ities)	o respond 3 control n wned ad Amount ying	unless the umber.		of 10. Owners Form of Derivati Security Direct (or Indir	11. Nature of Indire Seneficion ve Ownersl (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	5. Nur of Der Securi Or Dis of (D) (Instr.	nber ivative ties red (A) posed 3, 4,	in this display	form are not rest a currently was a currently woosed of, or Bene onvertible securercisable and Date y/Year)	equired to valid OME ficially Ovities) 7. Title an of Underly Securities	o respond 3 control n wned ad Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivati Security Direct (or Indir	11. Natur of Indire Benefici Ownersl (Instr. 4)

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
MANZO MICHAEL P. C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452			Vice President of Engineering		

Signatures

/s/ Authorized Signatory	03/31/2016
**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).

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(1) third (1/3) of the shares underlying the Option on March 29, 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.