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

OMB APPRO	VAL					
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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 IIII OI I y	pe Response	s)													
1. Name and Address of Reporting Person * Brenneman Ryan Randall				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				3. Date of Earliest Transaction (Month/Day/Year) 04/25/2016						X	X_Officer (give title below) Other (specify below)  Chief Financial Officer				
(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 Person  Form filed by More than One Reporting Person				
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu						s Acquired	lired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)		on Da	ate, if (I		(A) (I)	Securities Acqual A) or Disposed on Str. 3, 4 and 5)  (A) or (D)	of (D) Ow Tra	Amount of S rned Follow nsaction(s) str. 3 and 4)		d (	Ownership orm: Oirect (D) r Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Table II -					in this f displays	s who respond form are not rest a currently was	equired to valid OME ficially Ow	respond control n	unless the		ed SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3)			Table II -  3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	tion (	<b>lls, warr</b> 5. Numb	er of ative of (A) osed	in this f displays ired, Dispo options, co	orm are not rest a currently vessed of, or Bene envertible securicisable and Date	equired to valid OME ficially Ow ities)	o respond 3 control n wned d Amount ying	unless the umber.		10. Ownersh Form of Derivati Security Direct (I or Indire	11. Nature of Indire Benefici Ownersh (Instr. 4)
Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	tion (	Ils, warr 5. Numb of Deriva Securitie Acquired or Dispo of (D) (Instr. 3,	rants, over loser los	in this f displays ired, Dispo options, cor 6. Date Exe Expiration I	orm are not researched to see a currently was a currently was a currently was a currently was a currently and curr	equired to valid OME ficially Ow ities)  7. Title an of Underly Securities	o respond 3 control n wned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivati Security Direct (I or Indire	11. Nature of Indires Beneficial Ownersh (Instr. 4)

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Brenneman Ryan Randall C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452			Chief Financial Officer			

## **Signatures**

/s/ Authorized Signatory (signed under power of attorney on behalf of Reporting Person)	04/27/2016
**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).

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 April 25, 2017, and the remaining balance vests monthly on the first day of each calendar month thereafter for a period of two years, subject to the Reporting Person's continued employment through each such vesting date.

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.