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

Print or Type Responses) 1. Name and Address of Reporting Person * Wirostko Barbara				2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]						YEG]	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) 07/18/2016						_X	X Officer (give title below) Other (specify below) Chief Medical Officer				ow)
WALTH	(Street) VALTHAM, 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 PersonForm filed by More than One Reporting Person				
(City	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						es Acquired	Lured, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)				2A. Deemed Execution Date, if) any (Month/Day/Year)		ate, if	Code (Instr. 8)		A. Securities Acq A) or Disposed Instr. 3, 4 and 5	of (D) Ow Trai	5. Amount of Securities Benef Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Reminder:	Report on a s	separate inic for cas		Deriveti	ve Se	ocuritio.	s A 00	contain form d	ns who respor ned in this for isplays a curr	m are not ently valid	required d OMB co	to respon	d unless the		1474 (9-02)
Reminder:	Report on a s	separate inic for cas		Derivetiv	ve Se	ocuritie:	s Aco	contain form d	ned in this for isplays a curr	m are not ently valid	required d OMB co	to respon	d unless the		1474 (9-02)
1. Title of	·	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	4. Transac Code	etion	5. Num of Derivat Securit Acquir (A) or Dispose	rants lber tive ies ed	contain form d uired, Disp options, co	ned in this for isplays a currosed of, or Ben onvertible securosisable and Date	m are not ently valid eficially Ow	required d OMB col wned d Amount ving	to respond ntrol numbers	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivati Security Direct (or Indire	11. Naturip of Indire Benefici ove Ownersl (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	4. Transac Code	etion	5. Num of Derivat Securit Acquire (A) or Dispose of (D) (Instr. 3	rants ber tive ies ed	form d quired, Disp , options, co 6. Date Exe Expiration 1	ned in this for isplays a currosed of, or Ben onvertible securosisable and Date	m are not ently valid eficially Own rities) 7. Title and of Underly Securities	required d OMB col wned d Amount ving	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	of 10. Owners Form of Derivati Security Direct (or Indire	11. Naturof Indire Benefici Owners! (Instr. 4)
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	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Wirostko Barbara						
C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108			Chief Medical Officer			
WALTHAM, MA 02452						

Signatures

/s/ J. Fraser Collin, attorney-in-fact	07/19/2016
**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 July 18, 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.