## FORM 4

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

OMB APPROVAL
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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 Response	s)														
Name and Address of Reporting Person*  Wirostko Barbara				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 X Officer (give title below) Other (specify below) Chief Medical Officer						
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLY OAKS ROAD, SUITE 108				3. Date of Earliest Transaction (Month/Day/Year) 02/06/2017							Cin	er Medicar C	лисе			
(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						
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acqui						ired, Disp	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		if Co	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Reported Transaction(s)		Ownership of Form:	Beneficial				
				(Month/D	Day/Year)		Code	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		02/06/2017		A 15,000 A \$ 0 154,942			D									
Telimider.	report on a c	Sparate into N	or each class of secur Table II - 1	Derivative	Securi	ities A	cquire	Pers conta the fe	ons wh ained in orm dis	no respo n this fo splays a	rm are curre reficial	e not requently valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
	I _	1	· · · · · · · · · · · · · · · · · · ·	e.g., puts,	calls, v		ıts, op	1 -					1	I	.1	1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/	Execution Da Day/Year) any	te, if Transaction Code Year) (Instr. 8)		of Deriv Secu Acqu (A) of Dispo of (D	Number ar		and Expiration Date Month/Day/Year)		Am Und Sec	Title and ount of derlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Beneficia Ownersh (Instr. 4)
				Code				Date		Expiratio		Amount				

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Wirostko Barbara							
C/O EYEGATE PHARMACEUTICALS, INC.			Chief Medical Officer				
271 WAVERLY OAKS ROAD, SUITE 108			Ciner Medicar Strices				
WALTHAM, MA 02452							

### **Signatures**

/s/ Robert A. Petitt, attorney-in-fact	02/07/2017
**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) Grant of restricted stock from the Issuer pursuant to the Issuer's 2014 Equity Incentive Plan. The restrictions will vest as to one-third (1/3) of the shares on February 6, 2018, 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.