longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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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. Name and Address of Reporting Person* FROM STEPHEN			2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]						EG] _{_x}	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director10% Owner					
C/O EYI	(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE				3. Date of Earliest Transaction (Month/Day/Year) 06/21/2017						X Officer (give title below) Other (specify below) President and CEO				
(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				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					es Acquired	nired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year) any		ate, if (I		8) (I	(A) or Disposed of Instr. 3, 4 and 5) (A) or (Disposed of Instr. 3, 4 and 5) (A) or (D)	of (D) Own Tran		ecurities Bei ng Reported	C F C o (I	orm: B orcet (D) Or Indirect (I	eneficial wnership
Reminder:	Report on a	separate line for each	class of securities b	eneficial	lly own	ned direc	tly or	indirectly.							
Reminder:	Report on a	separate line for each		- Deriva	tive Se	ecurities	s Acqu	Persons in this f a curren	s who respon form are not r ntly valid OMI	equired to 3 control n	respond u umber.				74 (9-02)
1. Title of		3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p) 4. Transact Code	tive Seuts, cal 5. tion D Se or ([ecurities alls, warr	s Acquerants, r of e	Persons in this f a current a current options, co	form are not rently valid OMI osed of, or Benerousertible securitions or is able and Date	equired to 3 control n	respond unber. ned Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p) 4. Transact Code	tive Seuts, cal 5. tion D Se or ([ecurities alls, warr . Number Derivative decurities acquired or Toispose D) Instr. 3, 4	s Acquirants, r of e (A) ed of	Persons in this f a current ired, Disposoptions, co. 6. Date Exe Expiration 1	form are not rently valid OMI seed of, or Beneratible securities and Date (y/Year) Expiration	equired to 3 control n ficially Own ities) 7. Title and of Underlyi Securities	respond unber. ned Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
FROM STEPHEN C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452	X		President and CEO			

Signatures

/s/ Robert A. Petitt, Attorney-in-Fact	06/22/2017
**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).
- 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 June 21, 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.