FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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)														
1. Name and Address of Reporting Person* Romano Sarah				EY	2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Interim CFO				
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108					3. Date of Earliest Transaction (Month/Day/Year) 08/15/2017								interim Cr	<u>J</u>		
(Street) WALTHAM, MA 02452				4. If	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	r)	(State)	(Zip)		Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Exec		Code (Instr. 8)		4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form: Direct (D)	Beneficia		
			(IVIO	(Month/Day/Year)		ode	v	Amour	(A) or (D)	Price	(msu. 3 a	na 4)		or Indirect (I) (I) (Instr. 4)		
Common	Common Stock 08/15/2017						P		10,00	0 A	\$ 1	32,500	2,500		D	
				Deriv	ative Securi	ties Ac	equire	Pers cont the f	sons whatained if form dis	no responding this for splays a	rm are curre	not requesting noting valid		formation spond unle trol numbe	ss	C 1474 (9-02
1. Title of	l _a	3. Transaction		(e.g.,]	puts, calls, w	arran 5.	ts, op					itle and	Q Dries of	O Nivershore	of 10.	11 No
	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Y	Execution I Year) any	Transaction Code Year) (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	itle and bunt of erlying irities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	tive Owner (Instr. (D) rect	
					Code V	(A)	(D)	Date		Expiration Date	n Title	Amount or Number of Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Romano Sarah C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452			Interim CFO				

Signatures

/s/ Robert A. Petitt, attorney-in-fact	08/17/2017		
**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).

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.