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

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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* Garanzini Michael			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 (Street)				3. Date of Earliest Transaction (Month/Day/Year) 11/17/2017 4. If Amendment, Date Original Filed(Month/Day/Year)						X	X Officer (give title below) Other (specify below) Chief Commercial Officer 6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				ow)
										X					
WALTHAM, MA 02452 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu											
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. Dee Executi any (Month	on Dat	te, if C		(A) (A) (B)	Securities Acquain A) or Disposed constr. 3, 4 and 5) (A) or mount (D)	of (D) Own Tran		ecurities Being Reporte	d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			class of securities					Persons in this f	s who respon	equired to	respond	unless the		ned SEC	1474 (9-02)
								Persons in this f displays	s who respon	equired to valid OMB ficially Ow	respond control n	unless the		ned SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	Table II - 3A. Deemed Execution Date, if	4. Transac Code	tion 5. S A O O (I	s, warr Numb f Deriva ecuritie cquired r Dispos f (D) Instr. 3,	er cative list (A) sed	Persons in this f displays aired, Dispo options, co	s who respon form are not rest a currently we sed of, or Bene nvertible securicisable and Date	equired to valid OMB ficially Ow	respond control n ned Amount ing	unless the umber.	9. Number Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form o Derivat Security Direct (or Indir	11. Nathip of India Benefic Owners (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	Table II - 3A. Deemed Execution Date, if any	4. Transac Code	tion 5. S A O O (I	s, warr Numb f Deriva ecuritie acquirec r Dispor f (D) Instr. 3, nd 5)	er (cantise of the cantise of the ca	Persons in this f displays dired, Dispo options, core 6. Date Exe Expiration I	s who respon form are not re s a currently v seed of, or Bene nvertible secur recisable and Date y/Year) Expiration	required to valid OMB ficially Ow (ties) 7. Title and of Underly Securities	respond control n ned Amount ing	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following	of 10. Owners Form o Derivat Security Direct (or Indir	11. Nat of India Benefic Owners (Instr. 4

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

Signatures

/s/ Robert A. Petitt, Attorney-in-Fact*	11/17/2017
**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).

(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 November 1, 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.