## FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
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nours per response	e 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)													
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 T Officer (give title below)  Officer (give title below)  Other (specify below)					
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108				3. Date of Earliest Transaction (Month/Day/Year) 12/29/2017							Chi	ef Medical O	fficer		
(Street) WALTHAM, MA 02452				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)					
(City	)	(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/Y			2A. Deemed Execution Date, it any (Month/Day/Year	Code (Instr. 8)		ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ollowing	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
					С	ode	V	Amou	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Common Stock 12/29/2017			J	<u>(1)</u>	12,355 A \$ 1.01 240,3		240,397	7		D				
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficially o	wned		Pers cont	ons wl	ho respoi in this for	rm are	e not requ		formation spond unle trol numbe	ss	1474 (9-02)
				Derivative Securit							lly Owned				
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\)	3A. Deemed Execution Da any	4. Transaction Code (Instr. 8)	5. Numl of	ber vative rities ired or osed c) : 3,	and Expiration Date (Month/Day/Year)  All Uses (In the Internal Control of the		7. T Am Und Sect	ount of derlying urities tr. 3 and		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Securit Direct ( or India	Beneficia ive Ownersh y: (Instr. 4) ect	
				Code V	(A)	(D)	Date Exer	e rcisable	Expiration Date	n Title	Amount or Number of Shares				

### **Reporting Owners**

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

### **Signatures**

/s/ Robert A. Petitt, attorney-in-fact	01/03/2018
**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 shares were acquired under the Issuer's Employee Stock Purchase Plan on December 29, 2017 in a transaction exempt under Rule 16b- $_{3(c)}$ .

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.