FORM 4	4
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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).

(Print or Type Responses)

#### 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 Pe Wirostko Barbara	2. Issuer Name an EYEGATE PH [EYEG]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <u>X</u> Officer (give title below) Other (specify below) Chief Medical Officer			
(Last) (First) C/O EYEGATE PHARMACE INC., 271 WAVERLY OAKS 108	3. Date of Earliest 07/10/2018	Transactio	n (M	onth/Day/Y	ear)			meer		
(Street) WALTHAM, MA 02452	4. If Amendment, 1	Date Origii	nal Fi	led(Month/Da	y/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 Acquired, Disposed of, or Beneficially Owned								
					4. Securitie (A) or Disp (Instr. 3, 4	posed c	f(D)	Reported Transaction(s)	6. Ownership Form:	7. Nature of Indirect Beneficial
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	07/10/2018		А		175,000 ( <u>1</u> )	А	\$ 0	424,997	D	
Common Stock								59,915		By husband

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	Jumb	er	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	f		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Ľ	Deriva	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	Securities (		(Instr. 3 and		Owned	Security:	(Instr. 4)			
	Security				Acquired				4)			Following	Direct (D)		
					(A) or								Reported	or Indirect	
				Disposed		sed						Transaction(s)	(I)		
				of (D)								(Instr. 4)	(Instr. 4)		
					(Instr. 3,										
					4, and 5)										
										Amount					
								Data	Emination		or				
								Expiration	Title	Number					
								Exercisable	Date		of				
				Code V	/ (	(A)	(D)				Shares				

## **Reporting Owners**

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

## **Signatures**

# **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 July 10, 2019, 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.