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 Pesponses)

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

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

### 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 CHANEY PAUL G	2. Issuer Name an EYEGATE PH. [EYEG]			0.		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Ofricer (give title below)Other (specify below)				
(Last)(First)(Middle)C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 1083. Date of Earliest Transaction (Month/Day/Year) 07/10/2018										
(Street) WALTHAM, MA 02452	4. If Amendment, I	Date Origin	al Fi	led(Month/D	ay/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								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership
			Code	v	Amount	or (D)	Price		(I) (Instr. 4)	``´´
Common Stock	07/10/2018		А		50,000 (1)	А	\$ 0	91,229	D	

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

	(e.g., puts, caus, 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	lumbo	er	and Expiration	on Date	Amo	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)	D	<b>)</b> eriva	tive			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	ecuri	ties			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				A	cquii	ed			4)			Following	Direct (D)	
					· ·	A) or							1	or Indirect	
						Dispos							Transaction(s)		
						of (D)					(Instr. 4)	(Instr. 4)			
					(Instr. 3,		-								
					4, and 5)										
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								Excretsable	Date		of				
				Code V	/ (	A)	(D)				Shares				

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CHANEY PAUL G C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452	Х						

# **Signatures**

/s/ Robert A. Petitt, Attorney-in-Fact (Signed under power of attorney on behalf of Reporting Person) 07/12/2018

# **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 all of the shares on July 10, 2019.

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.