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* 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 — Officer (give title below) — Other (specify below) — Chief Medical Officer						
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108				3. Date of Earliest Transaction (Month/Day/Year) 08/06/2019								Cme	er Medicar C	onicer			
(Street) WALTHAM, MA 02452				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) (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)			2A. Deemed Execution Date, is any (Month/Day/Year		f Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following Transaction(s) and 4)		6. Ownersh Form: Direct (I or Indire	nip of l Ber O) Ow	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						С	ode	V	Amour	(A) or nt (D)	Price				(I) (Instr. 4)		
Common Stock 08/06/2019						F		1,641	D	0.21	403,893			D			
Common Stock											59,915			I	By hu	sband	
Reminder:	Report on a s	separate line fo	or each class of secur	ities benefici	ally o	wned		Perse conta	ons wl ained i	no respo	rm ar	e not requ	ction of inf uired to res OMB cont	spond unle	ess	EC 147	74 (9-02)
				Derivative See.g., puts, ca													
Security	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Y	ay/Year) 3A. Deemed Execution Day any	4. Transaction Code Year) (Instr. 8)		5. 6. D Number and		6. Da and I	tate Exercisable Expiration Date onth/Day/Year)		7. T Am Und Sec	Citle and count of derlying urities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Own- Form Deriv Secu- Direct or In-	vative rity: et (D) direct	11. Naturof Indirec Beneficia Ownershi (Instr. 4)
				Code	V	(A)	(D)	Date Exer	cisable	Expiratio Date	n Titl	Amount or e Number of Shares					

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	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/ Sarah Romano, Attorney-in-Fact	08/07/2019	
-*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.