FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 Ty	pe Response	s)														
1. Name and Address of Reporting Person* FROM STEPHEN				2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ Officer (give title below) Other (specify below) President and CEO						
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108				3. Date of Earliest Transaction (Month/Day/Year) 10/09/2019							Pr	esident and	CEO			
(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 Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)		T	able I	- Noi	ı-Der	ivative	Securitie	es Acqu	uired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye		any	xecution Date, if	(Instr. 8)		ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficially Owned Follow Reported Transaction(s)		ollowing	lowing Ownership Form:	7. Nature of Indirect Beneficial	
				(Month/Day/Year			ode	V	Amoun	(A) or (D)	Price	(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock 10/09/2019				F	(1)		1,184	D	\$ 2.95 66,966 (3)		D					
Reminder:	Report on a s	separate line fo	or each class of secu					Pers cont the f	ons whatained i	no respo n this fo splays a	orm ar	e not requently valid	ction of int uired to res OMB con	spond unle	ess	2 1474 (9-02)
		ı		Derivative (e.g., puts, c												
	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Year e of vative	Execution Da	Code	. 8)	5. Num of Deriv Secur Acqui (A) of Dispo of (D (Instrument) (Instrumen	vative rities ired r osed)	and (Mo	ate Exer Expirati inth/Day	on Date	Am Und Sec	Fitle and nount of derlying purities str. 3 and	Security (Instr. 5)	9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form of Derivat Securit Direct or India	f Beneficia Ownersh y: (Instr. 4)
				Cod	e V	(A)	(D)	Date Exer	e rcisable	Expiration Date	on Tit	Amount or Number of Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
FROM STEPHEN C/O EYEGATE PHARMACEUTICALS, INC. 271 WAVERLEY OAKS ROAD, SUITE 108 WALTHAM, MA 02452	X		President and CEO				

Signatures

/s/ Sarah Romano, Attorney-in-Fact*	10/11/2019

**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).
- (1) Sale of shares to cover taxes due on restricted stock that vested on 09/01/2019 and 10/01/2019.
 - The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.89 to \$3.02, inclusive. The reporting
- (2) person hereby undertakes to provide to EyeGate Pharmaceuticals, Inc., any security holder of EyeGate Pharmaceuticals, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.
- (3) Effective as of 08/30/2019, the Issuer effected a 1-for-15 reverse split of its common stock. The number of shares reflects the reverse stock split.

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.