UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT PURSUANT
TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934

Date of report (Date of earliest event reported): **June 1, 2016**

EYEGATE PHARMACEUTICALS, INC.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of incorporation)

001-36672	**98-0443284**
(Commission File Number)	(IRS Employer Identification No.)
271 Waverley Oaks Road **Suite 108** **Waltham, MA**	**02452**
(Address of principal executive offices)	(Zip Code)

(781) 788-8869
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure.

EyeGate Pharmaceuticals, Inc. (the "Company") hereby furnishes the updated investor presentation attached as Exhibit 99.1 to this Current Report on Form 8-K, which the Company may use in presentations to investors from time to time, including at the 2016 Marcum Microcap Conference, being held June 1-2, 2016 in New York, New York, at which Stephen From, President and Chief Executive Officer of the Company, will be presenting on June 2, 2016.

The information furnished pursuant to Item 7.01, including Exhibit 99.1, shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act") and will not be deemed to be incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, except to the extent that the Company specifically incorporates it by reference.

The information furnished pursuant to Item 7.01, including Exhibit 99.1, shall not be deemed to constitute an admission that such information or exhibit is required to be furnished pursuant to Regulation FD or that such information or exhibit contains material information that is not otherwise publicly available. In addition, the Company does not assume any obligation to update such information or exhibit in the future.

Item 8.01. Other Events.

On June 1, 2016, the Company issued a press release announcing interim data from its Phase 1b/2a trial evaluating its lead product candidate, iontophoretic EGP-437, in the treatment of ocular inflammation and pain in cataract surgery patients. A copy of the press release is filed herewith as Exhibit 99.2.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

The Company hereby files or furnishes, as applicable, the following exhibits:

99.1 Presentation of the Company.

99.2 Press Release of the Company, dated as of June 1, 2016.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

EYEGATE PHARMACEUTICALS, INC.

By: /s/ Stephen From
Stephen From
President and Chief Executive Officer

Date: June 1, 2016

Exhibit Index

99.1	Presentation of the Company.
99.2	Press Release of the Company, dated as of June 1, 2016.

Eyegate Pharmaceuticals, Inc.

Providing innovative products that enhance drug efficacy and patient compliance to improve vision

Corporate Presentation

Forward Looking Statements

Some of the matters discussed in this presentation contain forward-looking statements that involve significant risks and uncertainties, including statements relating to the prospects for the Company's lead product EGP-437, for the timing and outcome of the Company's clinical trials, the potential approval to market EGP-437, and the Company's capital needs. Actual events could differ materially from those projected in this presentation and the Company cautions investors not to rely on the forward-looking statements contained in, or made in connection with, the presentation.

Among other things, the Company's clinical trials may be delayed or may eventually be unsuccessful. The Company may consume more cash than it currently anticipates and faster than projected. Competitive products may reduce or eliminate the commercial opportunities of the Company's product candidates. If the FDA or foreign regulatory agencies determine that the Company's product candidates do not meet safety or efficacy endpoints in clinical evaluations, they will not receive regulatory approval and the Company will not be able to market them. Operating expense and cash flow projections involve a high degree of uncertainty, including variances in future spending rate due to changes in corporate priorities, the timing and outcomes of clinical trials, regulatory and developments and the impact on expenditures and available capital from licensing and strategic collaboration opportunities. If the Company is unable to raise additional capital when required or on acceptable terms, it may have to significantly alter, delay, scale back or discontinue operations.

Additional risks and uncertainties relating to the Company and its business can be found in the "Risk Factors" section of the Company's Annual Report on Form 10-K filed with the SEC on March 30, 2016. The Company undertakes no duty or obligation to update any forward-looking statements contained in this presentation as a result of new information, future events or changes in the Company's expectations, except as required by applicable law.

Company Overview

- **Ophthalmology company (NASDAQ: EYEG)**
- **Two unique and proprietary platforms:**
  - EyeGate® II Delivery System (EGDS): iontophoretic delivery
  - CMHA-S platform: cross-linked thiolated hyaluronic acid
- **EGP-437/EGDS: NDA submission mid-2017**
  - Anterior Uveitis: Ongoing Phase 3 confirmatory trial
    - Licensed to Valeant Pharmaceuticals (Bausch + Lomb)
  - Cataract Surgery: Encouraging interim data from Ph 1b/2a trial
  - Macular Edema: Non-invasive delivery to retina confirmed with interim data
- **JDE-003: eye drop formulation of CMHA-S (0.75% concentration)**
  - Pre-Submission meeting with FDA planned Q3/Q4 2016, in clinic by year-end
  - Huge opportunity addressing large unmet medical need in corneal wound healing

Clinical Pipeline & NewsFlow

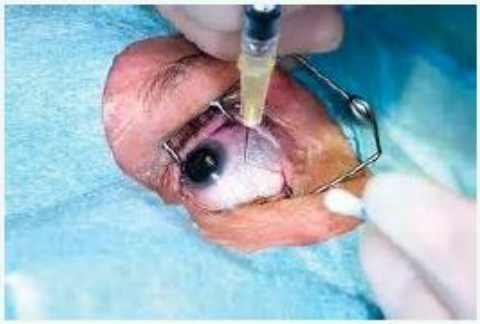
Program	Indication	Current Status	NewsFlow
EGP-437 Iontophoresis	Anterior Uveitis	• Enrolling confirmatory Phase 3 pivotal trial	• Q4 2016: Enrollment completed • Q1 2017: Top-line data • Mid-2017: NDA filing
	Cataract Surgery	• Enrolling Phase 1b/2a POC trial	• Q3 2016: Top-line data • Q3 2016: Initiate follow-on POC trial • Q4 2016: Top-line data from follow-on POC trial • Q4 2016 (year-end): Initiate controlled, randomized trial
	Macular Edema	• Enrolling 2nd leg of Phase 1b/2a POC trial	• Q3 2016: Top-line data • Q4 2016 (year-end): Initiate controlled, randomized trial
JDE-003 CMHA-S	Eye Drop Wound Healing	• Filing Pre-Submission Document with FDA • Anticipate FDA Meeting Sept/Oct 2016	• Q3/Q4 2016: Formal FDA meeting - confirm clinical path • Q4 2016: Pilot trial(s) initiated • Q4 2016 (year-end): Top-line data • Q1 2017: Initiate pivotal trial

Ophthalmic Delivery Challenges

Anterior Segment : Eye Drops

- Protective layer and biological functions limit penetration of drug into tissues
- Short residency time: frequent instillations required
- Extreme burden on patient: non-compliance
- Sight-threatening complications

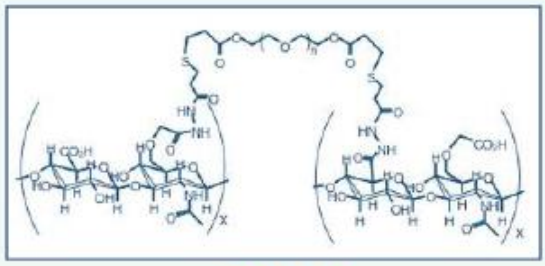
Posterior Segment: Intravitreal Injections



- Potential for collateral damage
- Injections every 4 to 6 weeks
- Must be done by experienced ophthalmologist
- Companion required
- Sight-threatening complications

Two Unique Ophthalmic Platforms

Iontophoresis

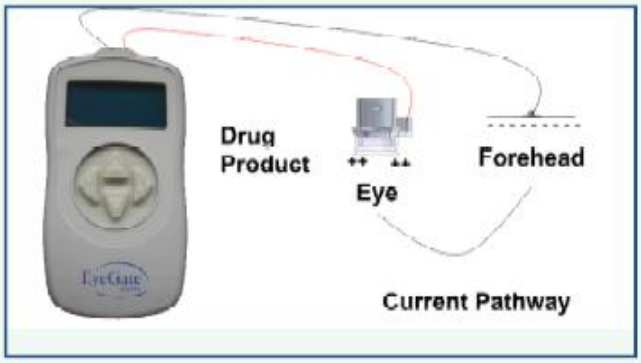


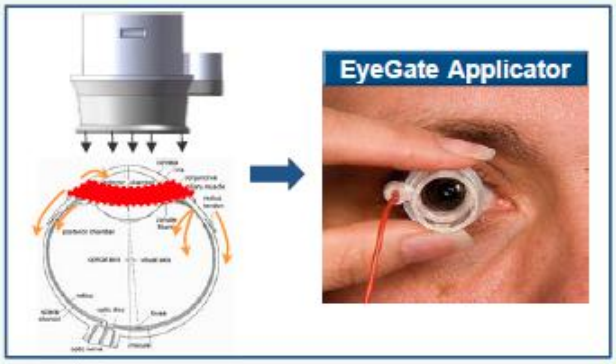
CMHA-S

Iontophoresis Platform: A Non-Invasive Method

of Propelling Charged Active Compounds Into Ocular Tissues

- Small electrical current (constant); current has same charge as active substance (drug)
- Electrode creates repulsive electromotive forces (like charges repel)
- Drug migrates toward return electrode, mobility a function of molecular weight and charge
- Drug dose controlled by 2 variables: Current (mA) x Application time (minutes)
- Software-regulated current and duration ensures proper dosing of compatible compounds
- Easy to use: ophthalmologist or optometrist in <5 minutes
- More than 2,000 treatments performed in clinic



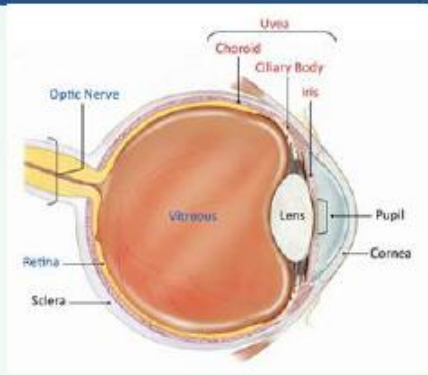


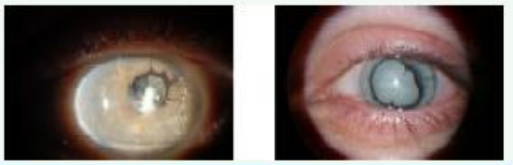
EGP-437: A Potent Anti-inflammatory Agent

(corticosteroid - dexamethasone phosphate)

Uveitis Overview

- Inflammation of uvea tract
- Estimated 18% experience transient or permanent loss of vision annually.
- Incidence in U.S. from approximately 26.6 – 102 per 100,000 annually
- Severity determined by number of white blood cells in the anterior chamber of the eye (Slit-lamp is used)
- Subjects required minimum 11 cells to be randomized to study (moderate to severe)





Non-compliance leads to sight-threatening complications

EGP-437: A Highly Differentiated Product

Dramatically Reduces Patient Burden from 154 to 2 or 3 Treatments

Standard of care: corticosteroid eye drops

- First pivotal Phase 3 trial: 2 EyeGate treatments vs 154 eye drop treatments

2 to 3 treatments

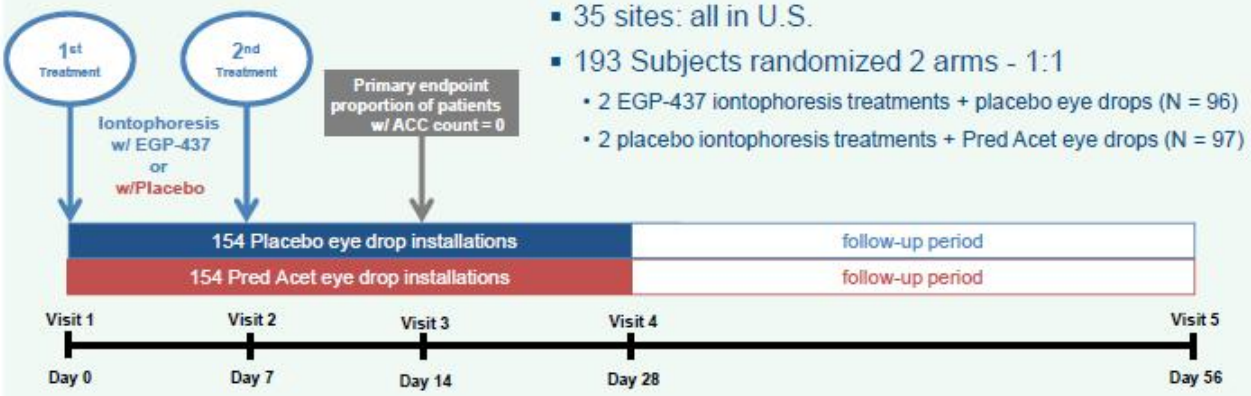
vs.

154 treatments

Initial Phase 3 Non-Inferiority Anterior Uveitis Trial

Trial Design and High-Level Results

Trial Design



- 35 sites: all in U.S.
- 193 Subjects randomized 2 arms - 1:1
  - 2 EGP-437 iontophoresis treatments + placebo eye drops (N = 96)
  - 2 placebo iontophoresis treatments + Pred Acet eye drops (N = 97)

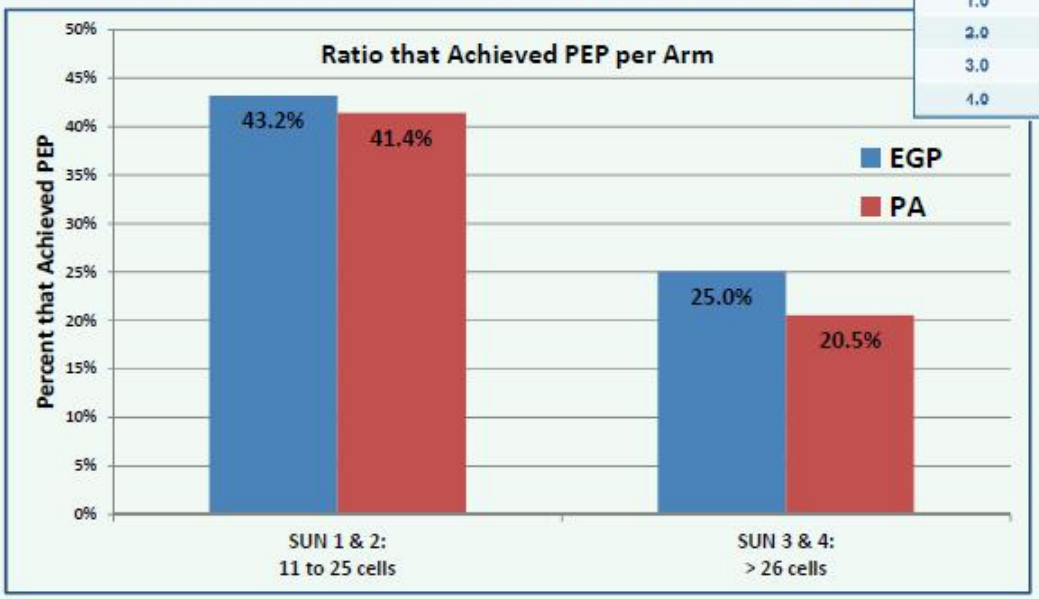
High-Level Results

- Successfully demonstrated same response rate when comparing EGP-437 to standard of care (prednisolone acetate 1%)
- Lower incidence of increased intraocular pressure (IOP) with EGP-437 treatment

Similar Outcome to Standard-of-Care

Grade	Cells
0	< 1
0.5	1 to 5
1.0	6 to 15
2.0	16 to 25
3.0	26 to 50
4.0	> 50

Percent of subjects[1] that achieved primary endpoint[2] (PEP)

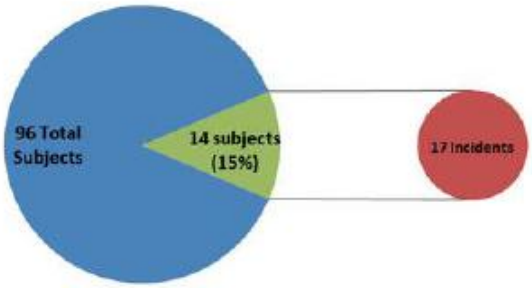


1. ITT = Intent to Treat
2. Primary End Point (PEP): Total cell clearing at Day 14

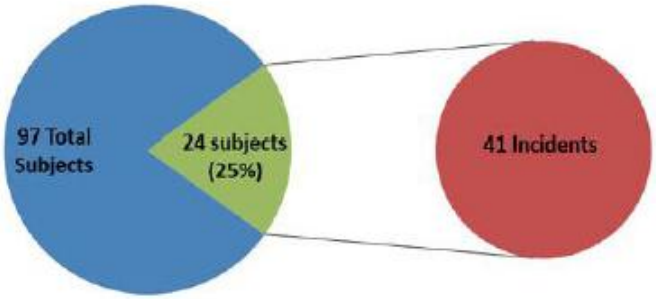
Safety: Intraocular Pressure

EyeGate pharma

EGP-437: Subjects with IOP Increase



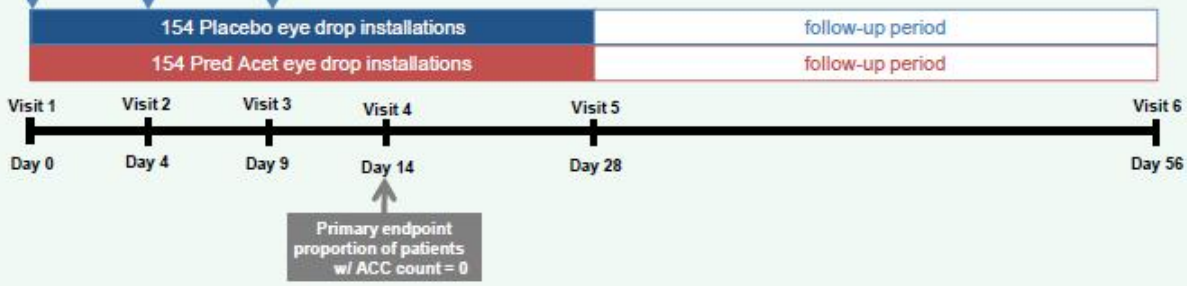
Pred Acetate: Subjects with IOP Increase



- Each subject had four IOP measurements (Day 7, 14, 28, and 56) compared to baseline (Day 0)
- Significantly less subjects with incidents in the EGP-437 arm
- 2.4X the number of incidents in the standard-of-care control arm

Anterior Uveitis:
Confirmatory Pivotal Phase 3 Trial Design

	First Phase 3	Confirmatory Trial
Number of Subjects	193	250
Number of Treatments	2 (Day 0 and Day 7)	3 (Day 0, Day 4 and Day 9)
Randomization	1:1	1:1 and SUN scale severity
Primary Endpoint	ACC Count = 0 at Day 14	



- **Control arm:** Same dose and frequency
- **Active arm:** additional iontophoretic treatment prior to Primary Endpoint visit
  - Same iontophoretic dosage: 1.5mA by 2.7 minutes

post-Cataract Surgery Inflammation

Encouraging Interim Data

Cataract surgery with the implantation of an intraocular lens (IOL)

- 28 day, open-label design, without control (Ph 1b/2a): Up to 50 eyes of 50 patients
- 5 cohorts: 3 different doses with 2 regimens for the 2 highest doses
- Primary outcome: Proportion of subjects with anterior chamber cell (ACC) count of zero at Day 14

Results

- Positive response observed in the majority of the patients
- Some patients in 9.0 and 14.0 mA-min cohorts presenting with ACC of zero at day 14
- Others presenting with trace ACC levels
- Additionally, all subjects experienced low pain throughout the duration of the trial
- Anticipate completing enrollment mid-June, top-line data July/Aug
- Objective is to initiate controlled trial by year-end

Macular Edema

- Abnormal thickening of macula associated with accumulation of excess fluid in extracellular space of neurosensory retina
- Considered leading cause of central vision loss in developed world

Trial Design

- Phase 1b / 2a clinical trial: First Leg
- Up to 20 patients with macular edema associated with Retinal Vein Occlusion, Diabetic Retinopathy or Post-Surgical (Cystoid) macular edema
- 3 treatments at 14.0 mA-min (3.5 mA) on Day 0, Day 4, and Day 9
- Primary outcome: reduction in mean thickness on Day 4, Day 9, Day 14
- Control: Ozurdex® to subjects with no improvement at Day 14 and re-evaluated at Day 21
- **First Leg Completed**

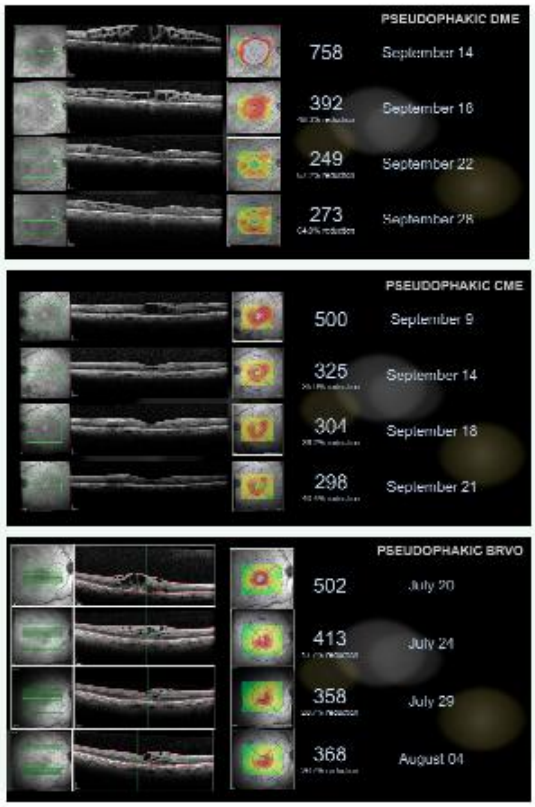
Macular Edema Results

Confirms non-Invasive Delivery to Retina

- **Proof of concept trial confirms that iontophoresis can non-invasively deliver efficacious quantities of drug to back of eye**

	Number	DME	RVO	CME
Phakic	9	6	3	
Pseudophakic	9	4	3	2

- **Efficacy:** one-third of subjects responded
  - Positive response from all subtypes (DME, RVO and CME)
- **Excellent Safety:** no increase in IOP
- **Second leg:** additional 15 subjects
  - Modify dosing regimen
- **Medical Need:** steroid interrogation, reduce anti-VEGF injections



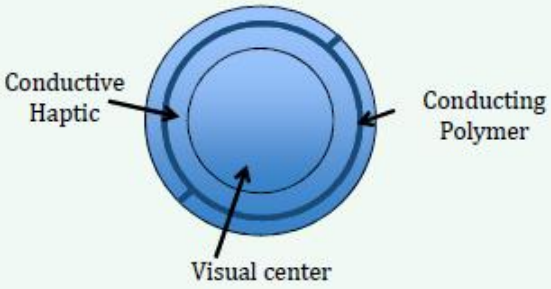
Licensing Agreement

EG® II Delivery System + EGP-437

- **Valeant Pharmaceuticals – Bausch + Lomb (NYSE/TSX: VRX)**
  - Exclusive license to manufacture, sell, distribute and commercialize throughout the world for use in field of uveitis
    - Upfront cash payment and milestone payments
    - Royalties based on net sales: high single digits
  - EyeGate responsible for completion of the development of anterior uveitis indication in U.S.
  - Valeant responsible for development outside U.S.
  - Valeant has right of last refusal for product outside field of uveitis
    - Must negotiate for access to additional indications
- **EyeGate is developing EGP-437 for additional indications**
  - Macular Edema
  - Post Cataract Surgery Inflammation

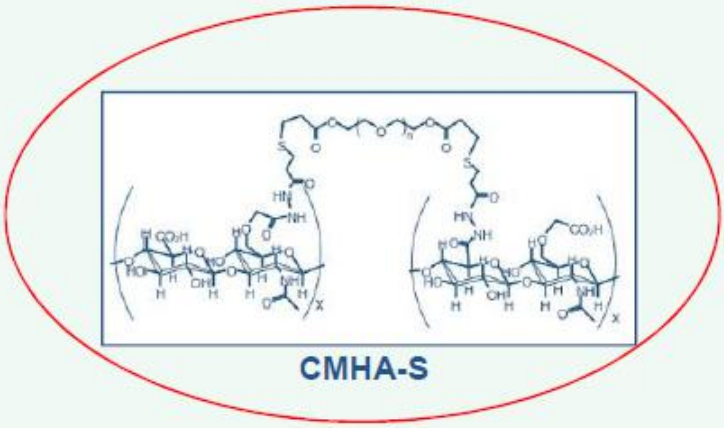
Evolution of a Platform
At Home Version

- **Objective:** *In Vivo* (rabbits) proof-of-concept data expected 2H 2016
- **Stage 1: Screening**
  - The effect of specific parameters determined
    - polymer charge and composition
    - polymer drug loading and drug release
- **Stage 2: Testing *In Vivo* - on the Eye**
  - Demonstrate results of a loaded lens design vs the current applicator
  - Will include data on the response of the animals as well as tissue concentration data



Two Unique Ophthalmic Platforms

Iontophoresis

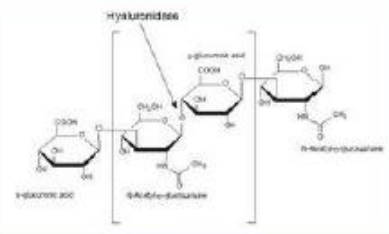


CMHA-S

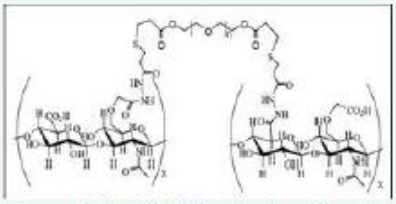
Proprietary CMHA-S Platform

Cross-linked thiolated hyaluronic acid (CMHA-S)

- Natural polymer of disaccharide units (hyaluronic acid)
  - Prevalent throughout the body and roles include:
    - Water homeostasis
    - Joint lubrication
    - ECM stabilization
    - Influences morphogenesis, development, healing, inflammation
- Crosslinked to form hydrogels (tight or loose)
  - Disulfide crosslinking
  - Crosslinked with poly(ethylene glycol) derivative (thiol-reactive): PEG-diacrylate
- Materials can range from simple to complex
  - One-, two-, or multi-component (adding in proteins, growth factors, drugs)
  - Tailorable properties for various applications



Hyaluronic acid

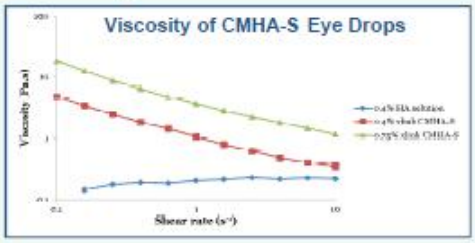


Cross-linked thiolated hyaluronic acid (CMHA-S)

Advantages of Crosslinked Gels

Crosslinking HA creates a 3D structural matrix and stabilizes the molecule making it suited for treating various ocular surface injuries via the following advantages:

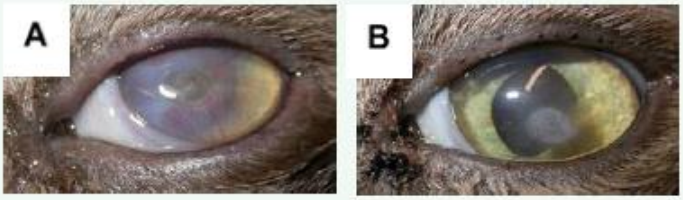
- Matrix protects the ocular surface
- Residency time: adheres longer to the ocular surface
- More stable ⟶ Extends degradation time
  - Effectively a slow release of HA
- Hydrogel environment aids wound healing
  - Absorb/release water/fluid as needed ⟶ Maintains moist environment
- Higher viscosity that thins with blinking and is non blurring
- Flexible system
  - Tighter or looser network for different products
  - Option to add in other molecules



Real World Animal Experience

- CMHA-S has demonstrated global safety and efficacy in small animals in real world setting
  - Marketed as a highly efficacious veterinary product by Bayer Animal Health under the Remend™ brand to treat corneal wounds (0.75% concentration) and dry eye (0.4% concentration).
  - http://www.bayerdvm.com/show.aspx/remend-cross-linking-video

- JDE-003 (0.75%) – Efficacy demonstrated in masked, randomized clinical studies of corneal defects in dogs and cats
  - Ulcers healed significantly faster with 0.75% CMHA-S compared to non crosslinked HA: 21.0 vs 31.8 days in cats; 14.8 vs 18.3 days in dogs
  - (A) Cat's corneal defect that had not healed after 35 days; (B) The eye has almost completely healed after 10 days of using 0.75% CMHA-S



Finnegan Bell a 5yr old cat with a non healing corneal defect
- Pictured at 35 days (A)
- Healed after 10 days of using 0.75% CMHA-S TID (B)

JDE-003: Large Unmet Medical Need

(Eye Drop at 0.75% Concentration)

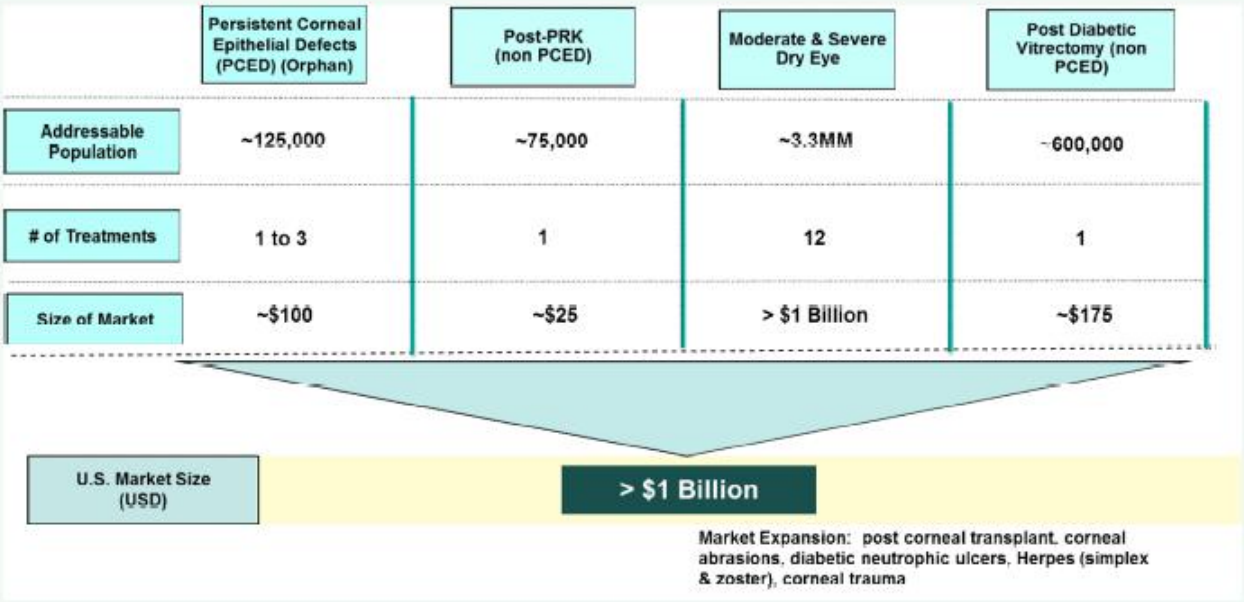
- Addressing Large Unmet Medical Need in Corneal Repair
  - Currently no US-approved eye drop to promote corneal wound repair
  - Corneal specialists desire a product that improves/accelerates healing
- Ocular injuries resulting in corneal epithelial (surface) defects are highly prevalent
  - 18% of emergency room visits (trauma, work related injuries)
  - Military (chemical and blast injuries)
  - Diabetics with corneal wounds
  - Photorefractive Keratectomy (PRK)
- Corneal epithelial (surface) defects can lead to visual loss

Molly a 12yr. old cat with a non healing corneal defect
- after 42 days (top)
- Ulcer healing after 12 days of using 0.75% CMHA-S TID (bottom)

- **Meeting with FDA/CDRH targeted for Q3 2016 to confirm device pathway**
- **Targeting initiation of clinical trial for Q4 2016**

JDE-003: Market Size

(Eye Drop at 0.75% Concentration)



Market Expansion: post corneal transplant, corneal abrasions, diabetic neutrophic ulcers, Herpes (simplex & zoster), corneal trauma

Thicker Formulations (2 Versions)

Research Funded by Grants

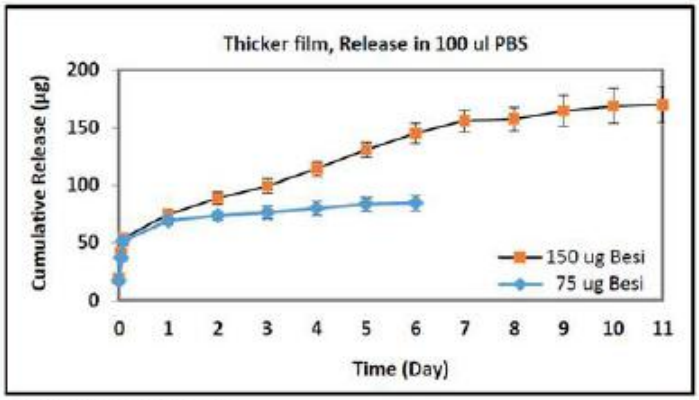
1. **DoD SBIR Grant:** Phase 2 Status (funding in place through 8/2017)
   - **Ocular Surface Shield:** A sterile, field-stable product that is easily applied to immediately protect and promote healing of the ocular surface
   - **Design:** A thin film, contoured to the shape of the globe/ocular surface, that will remain in place during the healing process; prevent adhesions and be able to deliver medications topically
   - **Desired Properties of the Film:**
     - Easy to place, requiring no sutures or glue
     - Allows for immediate stabilization of the eye following trauma
     - Remains in place during the initial healing process, and up to 7 days
     - Promotes ocular tissue repair
     - Prevents adhesions and scar formation between the globe and the conjunctiva
     - Improved version of biologic "Amniotic Membranes"

Thicker Formulations (2 Versions)

Research Funded by Grants

2. NSF SBIR Grant

- **Films:** Topical sustained-release delivery of antibiotic for bacterial keratitis/conjunctivitis
  - Safety and tolerability study in NZW rabbits
  - Engineered using a Finite computational model
  - Films molded 3 mm x 10.5 mm x 100 um when hydrated
  - Assessing seven days of retention



Released amount at each assay point

	0 h	1 h	2 h	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12
150 ug film	19.3	21.6	13.5	20.2	14.3	10.5	15.0	16.6	14.1	10.8	1.5	7.2	3.9	1.5	0.4
75 ug film	17.2	19.9	14.9	17.4	4.1	2.8	3.6	3.7	1.0						

Potential Intraocular Applications

- Vitreous is composed of water and hyaluronic acid
  - CMHA-S degraded very slowly in this environment
  - CMHA-S appears to be highly biocompatible in the vitreous
- Intravitreal extended/sustained release
  - Unmet need to decrease frequency of injection
  - Ideal for extended release of proteins
- Wide Range of Proteins Released from CMHA-S
  - Prestwich et al. loaded films with 25 ng VEGF and keratinocyte growth factor (KGF)
    - Strong angiogenic response achieved in vivo (mouse)
    - Resulted in microvessel growth and tubule networks filled with erythrocytes at Day 7 & 14
  - Lui and Prestwich et al. loaded basic Fibroblast Growth Factor (20 µg) into HyStem films
    - Demonstrated sustained bFGF delivery and improved dermal wound healing in diabetic mice at 4 weeks > HyStem polymer alone

Investment Highlights

- **Ophthalmology company (NASDAQ: EYEG)**
- **Two unique and proprietary platforms:**
  - EyeGate® II Delivery System (EGDS): iontophoretic delivery
  - CMHA-S platform: cross-linked thiolated hyaluronic acid
- **EGP-437/EGDS: NDA submission mid-2017**
  - Anterior Uveitis: Ongoing Phase 3 confirmatory trial
    - Licensed to Valeant Pharmaceuticals (Bausch + Lomb)
  - Cataract Surgery: Encouraging interim data from Ph 1b/2a trial
  - Macular Edema: Non-invasive delivery to retina confirmed with interim data
- **JDE-003: eye drop formulation of CMHA-S (0.75% concentration)**
  - Pre-Submission meeting with FDA planned Q3/Q4 2016, in clinic by year-end
  - Huge opportunity addressing large unmet medical need in corneal wound healing

Exhibit 99.2

EyeGate Announces Encouraging Interim Data from Phase 1b/2a Clinical Trial of EGP-437 for Treatment of Ocular Inflammation and Pain Post Cataract Surgery

WALTHAM, Mass., June 1, 2016 — EyeGate Pharmaceuticals, Inc. (NASDAQ: EYEG) ("EyeGate" or the "Company"), a specialty pharmaceutical company that focuses on developing and commercializing therapeutics and drug delivery systems for treating diseases of the eye, today announced interim data from its Phase 1b/2a trial evaluating its lead product candidate, iontophoretic EGP-437, in the treatment of ocular inflammation and pain in cataract surgery patients.

"Overall, this interim data is encouraging as it further validates the safety profile of the EGP-437 combination product while also demonstrating potential clinical benefit in post-operative cataract surgery patients. The majority of subjects treated to-date in the two higher dose cohorts have displayed clinically relevant reductions in anterior chamber cell count (ACC) with little to no pain, and no steroid related increase in intraocular pressure (IOP) by 2 weeks," said Victor L. Perez M.D. of University of Miami Miller School of Medicine, Bascom Palmer Eye Institute. "We look forward to further data as we treat patients in the remaining cohorts of the study and continue the clinical development of EGP-437 in the treatment of post-surgery inflammation and pain."

The ongoing Phase 1b/2a clinical trial is a multi-center, open-label trial enrolling up to 50 subjects who have undergone unilateral cataract extraction and implantation of a monofocal intra-ocular lens. The primary objective of this trial is to assess the safety and efficacy of iontophoretic EGP-437 in these patients following surgery. The trial design includes 5 cohorts whereby iontophoretic doses of 4.0 mA-min, 9.0 mA-min and 14.0 mA-min were employed and the 9.0 and 14.0 mA-min cohorts included 2 different dosing regimens. Subjects in the 9.0 and 14.0 mA-min cohorts had three treatments administered on day 0, day 1 and day 2 or day 0, day 1 and day 4 with potential for an additional treatment at Day 7 in all cohorts. The primary endpoint for all cohorts is ACC at day 14, with secondary endpoints measuring pain score and intra-ocular pressure.

A positive response was observed in the majority of the patients, with some patients in 9.0 and 14.0 mA-min cohorts presenting with ACC of zero at day 14 and others presenting with trace ACC levels. Additionally, all subjects experienced low pain throughout the duration of the trial.

Enrollment will continue for the remaining cohorts with additional planning for next steps; including additional clinical development work to determine the optimal dose and dosing regimen. A double-masked, prospective randomized, controlled trial is expected to initiate by the end of 2016.

"For many of the approximately 3 million cataract surgeries performed in the U.S. every year, post-surgical rehabilitation can be delayed due to inflammatory processes. This problem can be exacerbated by low adherence to the current post-surgical standard-of-care, a topical corticosteroid regimen involving as many as four daily administrations for up to four weeks post-surgery. Iontophoretic EGP-437 administered postoperatively by the surgeon has the potential to eliminate the need for daily corticosteroid eye drops to manage post-surgery pain and inflammation, which could lead to improved outcomes for this large patient population. We expect to complete this trial in the third quarter of 2016 and look forward to the continued development of EGP-437 in this highly prevalent indication," added Dr. Barbara Wirostko M.D., Chief Medical Officer of EyeGate.

EGP-437 incorporates a reformulated topically active corticosteroid, dexamethasone phosphate, which is delivered into the ocular tissues through EyeGate's proprietary drug delivery system, the EyeGate® II Delivery System. Iontophoresis employs the use of a low electrical current that promotes the migration of a charged drug substance across biological membranes. The current produces ions, which through electrorepulsion, drive a like-charged drug substance into the tissues.

About EyeGate

EyeGate is a clinical-stage specialty pharmaceutical company that is focused on developing and commercializing therapeutics and drug delivery systems for treating diseases of the eye. EGP-437, the Company's first and only product in clinical trials, incorporates a reformulated topically active corticosteroid, Dexamethasone Phosphate that is delivered into the ocular tissues through EyeGate's proprietary innovative drug delivery system, the EyeGate® II Delivery System. In addition, EyeGate is developing, through its wholly-owned Jade subsidiary, products using cross-linked thiolated carboxymethyl hyaluronic acid ("CMHA-S"), a modified form of the natural polymer hyaluronic acid (HA), which possesses unique physical and chemical properties such as viscoelasticity and water retention. The ability of CMHA-S to adhere longer to the ocular surface, resist degradation and protect the ocular surface makes it well-suited for treating various ocular surface injuries. EyeGate intends to initiate a clinical study for Jade's lead product candidate for corneal epithelial defects. For more information, please visit www.EyeGatePharma.com.

Safe Harbor Statement

Some of the statements in this press release are "forward-looking" and are made pursuant to the safe harbor provision of the Private Securities Litigation Reform Act of 1995. These "forward-looking" statements include statements relating to, among other things, the commercialization efforts and other regulatory or marketing approval efforts pertaining to EyeGate's products, including EyeGate's EGP-437 combination product, and those of Jade Therapeutics, Inc., a wholly owned subsidiary of EyeGate, as well as the success thereof, with such approvals or success may not be obtained or achieved on a timely basis or at all. These statements involve risks and uncertainties that may cause results to differ materially from the statements set forth in this press release, including, among other things, certain risk factors described under the heading "Risk Factors" contained in EyeGate's Annual Report on Form 10-K filed with the SEC on March 30, 2016, EyeGate's Quarterly Report on Form 10-Q filed with the SEC on May 13, 2016 or described in EyeGate's other public filings. EyeGate's results may also be affected by factors of which EyeGate is not currently aware. The forward-looking statements in this press release speak only as of the date of this press release. EyeGate expressly disclaims any obligation or undertaking to release publicly any updates or revisions to such statements to reflect any change in its expectations with regard thereto or any changes in the events, conditions or circumstances on which any such statement is based.

Contact:
Lee Roth / Joseph Green
The Ruth Group for Eyegate Pharmaceuticals
646-536-7012 / 7013
lroth@theruthgroup.com / jgreen@theruthgroup.com