FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
---------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours per response: 0										

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
FROM STEPHEN					EYEG]								X	X Director			10% O	wner		
(Last)	(Fi	rst) (N	Middle)			1									Office belov	er (give title w)		Other (below)	specify	
C/O EYEGATE PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 07/02/2021							Executive Chairman								
271 WAVERLEY OAKS ROAD, SUITE 108					0//02/2021															
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable								
(Street)			0.450											Line)		filed by On	e Repo	ortina Pers	on	
WALTH	AM M	A 0	2452											''	X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(St	ate) (2	Zip)												Person					
(0.13)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		Table	I - No	n-Deriva	tive	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	iciali	y Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. 4. Securities Transaction Disposed Of Code (Instr. 8) 5,				4 and Securi Benefi Owned		ties For cially (D) d Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or P	rice		action(s) 3 and 4)			(Instr. 4)		
Common Stock 07/02/2					2021		F ⁽¹⁾		877	П) \$	3.7(2)	69	9,305		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., pu	ıts, ca	alls, v	warra	ants,	option	ns, c	onvertib	le se	curit	ies)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)		Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Str.	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V		(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er						

Explanation of Responses:

- 1. Sale of shares to cover taxes due on restricted stock that vested on 07/01/2021.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$3.70 to \$3.75, inclusive. The reporting 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.

Remarks:

*Signed under power of attorney on behalf of Reporting Person

/s/ Sarah Romano, Attorney-

07/06/2021

in-Fact*

** Signature of Reporting Person Date

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

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.