FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average burden									

0.5

hours per response:

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

					OI S	section	30(II)	or the	mvesur	ieni Co	ompany Act	01 1940						
1. 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%	Owner
(Last)										X	Offic	er (give title w)		Other (specify below)				
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year)								President and CEO				
					09/15/2016													
271 WAVERLEY OAKS ROAD, SUITE 108						A 16 Assess described Parks of Oxidia at Filled (Maretty P. 1977)								C. La dividual en Isiak/Orana Filia e (Oha ele Applia ele				
(Stroot)					4. 17	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) WALTHAM MA 02452														X Form filed by One Reporting Person				
WILDIII	1111	· ·	12 132											Form filed by More than One Reporting				
(City) (State) (Zip)												Pers	on					
(City)	(30	ate) (.	Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,		ate,	3. Transaction Code (Instr. 8) 4. Securities Disposed Of			s Acquire f (D) (Ins	ed (A) or tr. 3, 4 and	nd 5) Secui Benet		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(1130.4)
Common Stock 09/15/20					)16		P		15,000	A	\$1.48	92(1)	1	39,965	D			
		Та	ble II								osed of, convertib				vned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. s and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares					

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.479 to \$1.509, 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 purchased at each separate price within the ranges set forth in footnote (1) to this Form 4.

/s/ J. Fraser Collin, attorney-infact 09/16/2016

\*\* 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.