SEC For	m 4 FORM	4	UNITED) STA	TES	S SE	CUR	ITIE	ES ANI	DE	ХСНА	NGE (CON	MIS	SION				
		Washington, D.C. 20549											OMB APPROVAL						
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					d purs	suant t	o Sectior	n 16(a	i) of the Se	ecuriti	NEFICI ies Exchan mpany Act	ERSI	Estim			DMB Number: 3235-02 Estimated average burden ours per response: 0			
1. Name and Address of Reporting Person [*] <u>MANZO MICHAEL P.</u>					E	2. Issuer Name and Ticker or Trading Symbol <u>EYEGATE PHARMACEUTICALS INC</u> [<u>EYEG</u>]									ck all applic Directo	able)	10% Owner		
(Last)(First)(Middle)C/O EYEGATE PHARMACEUTICALS, INC271 WAVERLEY OAKS ROAD, SUITE 108						3. Date of Earliest Transaction (Month/Day/Year) 02/01/2021									VP of Engineering				
(Street) WALTHAM MA 02452					4.1	 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Chec Line) X Form filed by One Reporting F Form filed by More than One I Person 										orting Person	ו ו		
(City)	(S	itate)	(Zip)												1 010011				
		Tab	le I - Nor	ו-Deriv	ativ	e Seo	curities	s Ac	quired,	Dis	posed o	f, or Be	enefi	cially	v Owned				
1. Title of Security (Instr. 3) Date (Month/D					ear) E	Execution f any	A. Deemed xecution Date, any lonth/Day/Year)		Transaction Dispo Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		4 and Securitie Beneficia Owned F		s Fo ally (D) following (I)		Ownership orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	Amount (A) or (D)		rice	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock 02/0				02/02	2/202	/2021					990	D \$		6.34 ⁽²	16,302			D	
		1	Table II -								osed of, convertil				Owned				
1. Title of Derivative Security (Instr. 3)	e Conversion Date Execution Date,			Date, T	Transa Code (I		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 Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or	ount nber .res					
Stock Option (right to buy)	\$6.46	02/01/2021			A		10,000		(3)	0	02/01/2031	Common Stock	10,	000	\$0	10,00	0	D	

Explanation of Responses:

1. Sale of shares to cover taxes due on restricted stock that vested on 02/01/2021.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$6.34 to \$6.35, 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.

3. The reporting person received an Option to purchase Common Stock from the Issuer pursuant to the Issuer's 2014 Equity Incentive Plan. The Option will become exercisable as to one-third (1/3) of the shares underlying the Option on February 1, 2022, and the remaining balance vests monthly on the first day of each calendar month thereafter for a period of two years.

/s/ Sarah Romano, Attorney-in-	02/02/2021
Fact*	02/03/2021
** Signature of Reporting Person	Date

** Signature of Reporting Person

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

 \ast 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.