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): **November 13, 2018**

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) 788-9043
(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))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Item 8.01. Other Events.

On November 13, 2018, EyeGate Pharmaceuticals, Inc. (the "Company") issued two press releases announcing (i) top line data from a study evaluating the potential of the Company's Ocular Bandage Gel ("OBG") product candidate in patients with punctate epitheliopathies due to pathologies such as dry eye, and (ii) top line data from a study evaluating the potential of OBG in patients with large corneal epithelial defects following photorefractive keratectomy, or PRK, surgery.

The press releases are filed as Exhibit 99.1 and Exhibit 99.2 and investors should read each press release in its entirety, including the cautionary statements regarding forward looking statements therein.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

The Company hereby files the following exhibits:

99.1	Press Release of the Company, dated as of November 13, 2018.
99.2	Press Release of the Company, dated as of November 13, 2018.

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: November 13, 2018

Exhibit Index

99.1	Press Release of the Company, dated as of November 13, 2018.
99.2	Press Release of the Company, dated as of November 13, 2018.

Exhibit 99.1

EYEGATE PHARMA ANNOUNCES POSITIVE RESULTS IN SECOND PRK STUDY

Data confirms results from earlier study

WALTHAM, Mass., Nov. 13, 2018 (GLOBE NEWSWIRE) — EyeGate Pharmaceuticals, Inc. (NASDAQ: EYEG) today announced top-line data from its study evaluating the potential of EyeGate's Ocular Bandage Gel (OBG) to help clinicians better manage corneal epithelial defects in patients following photorefractive keratectomy (PRK) surgery, compared to current standard of care.

Daniel S. Durrie, M.D., Founder, Durrie Vision in Overland Park, KS said, "This is the first time I have seen a product heal an epithelial defect without a bandage contact lens. Working with PRK patients creates an ideal epithelial defect challenge model to demonstrate the potential to heal all types of ocular surface wounds."

The PRK study enrolled 45 subjects undergoing a bilateral PRK procedure. The trial was designed to assess safety and efficacy by comparing two dosing regimens of EyeGate's OBG to the current standard of care, a bandage contact lens plus artificial tears. The efficacy assessments included the percentage of subjects achieving complete wound healing on day 3 and day 4 and wound size on day 3. These assessments were evaluated by an independent masked reading center, using digital slit-lamp photographs of fluorescein staining in all treated eyes, and a protocol-driven method in order to quantify the outcomes.

Both of the OBG dosing regimens outperformed the standard of care in the number of eyes healed at day 3 and day 4 post-surgery. At day 3, 73% and 87% of eyes receiving the two OBG treatment regimens were completely healed compared with 67% for standard-of-care. At day 4 post-surgery, 100% in both OBG treatment groups were completely healed, vs. 87% in the standard-of-care comparator group. Additionally, the maximum wound size was 67% and 49% smaller at day 2 post-surgery for the two OBG groups compared to the standard-of-care. Importantly, there were no safety concerns observed in any group.

Stephen From, CEO of EyeGate, said, "We are very pleased with the data from this second PRK study, which demonstrated the ability to replicate the data from our first study. This data showed a similar magnitude and rate of response reinforcing our belief that OBG has the potential to manage the healing of epithelial corneal wounds. Consequently, we believe that all of our data is sufficient and robust enough to create a path toward regulatory filings for approval and commercialization."

About EyeGate
EyeGate is a clinical-stage specialty pharmaceutical company focused on developing and commercializing products using its two proprietary platform technologies for treating diseases and disorders of the eye.

EyeGate's OBG platform is based on a crosslinked thiolated carboxymethyl hyaluronic acid (CMHA-S), a modified form of the natural polymer hyaluronic acid, which is a gel that possesses unique physical and chemical properties such as hydrating and healing when applied to the ocular surface. 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 including surgical trauma.

EGP-437, EyeGate's other 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. For more information, please visit www.EyeGatePharma.com.

EyeGate Social Media
EyeGate uses its website (www.EyeGatePharma.com), Facebook page (https://www.facebook.com/ EyeGatePharma/), corporate Twitter account (https://twitter.com/EyeGatePharma), and LinkedIn page (https://www.linkedin.com/company/135892/) as channels of distribution of information about EyeGate and its product candidates. Such information may be deemed material information, and EyeGate may use these channels to comply with its disclosure obligations under Regulation FD. Therefore, investors should monitor EyeGate's website and its social media accounts in addition to following its press releases, SEC filings, public conference calls, and webcasts. The social media channels that EyeGate intends to use as a means of disclosing the information described above may be updated from time to time as listed on EyeGate's investor relations website.

Forward-Looking Statements
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 the EyeGate OBG product, 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 2, 2018 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
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Exhibit 99.2

EYEGATE PHARMA ANNOUNCES POSITIVE RESULTS IN PUNCTATE EPITHELIOPATHY STUDY

WALTHAM, Mass., Nov. 13, 2018 (GLOBE NEWSWIRE) — EyeGate Pharmaceuticals, Inc. (NASDAQ: EYEG) today announced top-line data from its study evaluating the potential of EyeGate's Ocular Bandage Gel (OBG) to help clinicians better manage patients with punctate epitheliopathies (PE) due to pathologies such as dry eye.

Randall J Olson, M.D., CEO and Chair of the Department of Ophthalmology and Visual Sciences of the John A. Moran Eye Center, University of Utah, SLC, said, "A product that achieves symptomology results as seen in this study is exactly what ophthalmologists want access to when treating patients. With the wound healing results demonstrated in the two PRK studies along with these results, there is potentially a huge opportunity for using OBG in the management of various ocular surface conditions."

This controlled, masked study enrolled 30 subjects with punctate epitheliopathies (PE) due to pathologies such as dry eye. The trial was designed to assess safety and efficacy by comparing EyeGate's OBG to the comparator group, a commercially available rewetting eye drop. The assessments included corneal fluorescein staining and symptomology at day 7, day 14 and day 28. Randomization occurred after a two-week run in period where all subjects were taking the rewetting eye drops only. Patients with a corneal staining score on NEI scale of ≥ 4 entered the treatment phase and either continued to receive rewetting eye drops or were switched to OBG eye drops.

OBG eye drops achieved a statistically significant improvement (p-value < 0.05) in symptoms as quickly as day 7 and also at day 28. Additionally, at day 28 OBG realized a 30% decrease from baseline vs. only 4% for the comparator group. Symptomology was assessed using a patient reported outcome questionnaire based on comfort in both eyes. Staining measurements of the central cornea, a region dense in nerve endings, showed a reduction of up to 40% for OBG vs. up to 23% for the rewetting eye drop arm when combining the results from both eyes, which we believe better correlates clinically with the symptomology results. Staining measurements of the total cornea did not show a significant difference in reduction between the two arms with 26% for OBG vs. 23% for the rewetting eye drop at day 7. Importantly, there were no safety concerns observed in any group.

Stephen From, CEO of EyeGate, said, "We are extremely pleased with the remarkable data achieved in symptomology from our first study in PE patients. OBG showed improvement over a commercially available rewetting eye drop on each of the subcategories of the symptomology questionnaire. We are not aware of any product that has demonstrated this magnitude and speed of improvement in this patient population. Consequently, we believe that all of our data is sufficient and robust enough to create a path toward regulatory filings for approval and commercialization."

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