Corporate Presentation

June 2019

NASDAQ: EYEG

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 OBG and EGP-437 product candidates, for the timing and outcome of the Company's clinical trials, the potential approval to market OBG and 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 U.S. Food and Drug Administration 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.

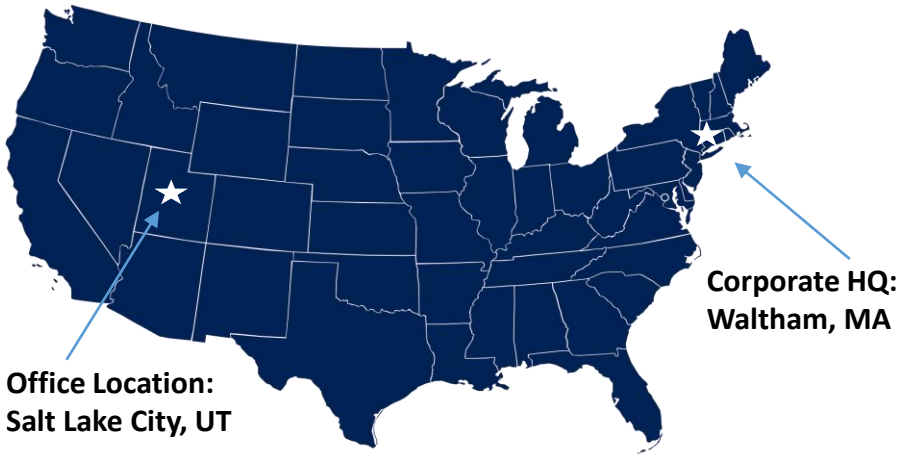
Additional risks and uncertainties relating to the Company and its business can be found in the "Risk Factors" section of the Company's Annual Report on Form 10-K filed with the SEC on March 01, 2019. The Company undertakes no duty or obligation to update any forward-looking statements contained in this presentation as a result of new information, future events or changes in the Company's expectations, except as required by applicable law.

The Company 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 the Company and its product candidates. Such information may be deemed material information, and the Company may use these channels to comply with its disclosure obligations under Regulation FD. Therefore, investors should monitor the Company'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 the Company intends to use as a means of disclosing the information described above may be updated from time to time as listed on the Company's investor relations website.

EyeGate Pharma: Company Highlights

Nasdaq: EYEG

- Lead product is the Ocular Bandage Gel (OBG), a unique, first-in-class eye drop formulation
  - Targeting treatment of corneal wounds and epitheliopathies
  - Device regulatory pathway; accelerates product development plan and time-to-market
  - Currently in clinical development for two indications:
    - Photorefractive Keratectomy (PRK) surgery and Punctate Epitheliopathies (PE)
    - **Final pivotal study** for PRK initiated; expect enrollment of first patient by end of June
- Legacy product, EGP-437, is currently on hold



Strong & Experienced Leadership Team

Stephen From
President & Chief Executive Officer

- Has served as President, Chief Executive Officer, and director since October 2005
- Prior roles as Chief Financial Officer at Centelion SAS, an independent biotechnology subsidiary of Sanofi-Aventis, and Director in the Global Healthcare Corporate and Investment Banking Group and Head of European Life Sciences for Bank of America Securities

Barbara Wirostko, M.D.
Chief Medical Officer

- Joined EyeGate in conjunction with March 2016 acquisition of Jade Therapeutics, where she was a co-founder and served as Chief Scientific Officer
- Prior role as Senior Medical Director at Pfizer
- Board certified ophthalmologist and a fellow of the American Academy of Ophthalmology
- Holds an M.D. from Columbia University; holds a Bachelor's Degree in Microbiology from Cornell University

Sarah Romano
Chief Financial Officer

- Prior roles as Assistant Controller at TechTarget and Corporate Controller at Bowdoin Group, financial reporting positions at SoundBite Communications, Senior Financial Reporting Analyst at Cognex Corporation
- Licensed CPA in Massachusetts; holds a Bachelor of Arts in Accounting from College of the Holy Cross and Masters of Accounting from Boston College

Michael Manzo
Vice President of Engineering

- Joined EyeGate in October 2006; over 30 years of experience in product development and manufacturing in the medical device industry
- Prior roles as President and Chief Operating Officer at Jenline Industries, Ltd., & work with a number of start-up companies in cardiology, radiology, urology and laparoscopic surgery

Brenda Mann, PH.D.
Vice President of R&D

- Co-founder of SentrX Animal Care, focused on veterinary biomaterials and manufacturer of the CMHA-S material
- Adjunct associate professor in the Department of Bioengineering at the University of Utah
- Founding faculty member of the Keck Graduate Institute of Applied Life Sciences, and now serves on its Advisory Council
- Director of the Salt Lake Valley Science and Engineering Fair and a registered patent agent

Lisa Brandano
Vice President of Clinical Operations

- Prior roles as Assistant Managing Director and Director of Clinical Trial Operations for CATO
- Clinical Research experience includes monitoring and project management of various neurology, hematology, and cardiovascular gene therapy studies spanning Phases 1, 2, and 3
- Holds a BS in biology from Emmanuel College; certified clinical research associate (CRA) with the Association of Clinical Research Professionals

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Ocular Bandage Gel
(OBG) Eye Drop

Ocular Bandage Gel (OBG) Highlights

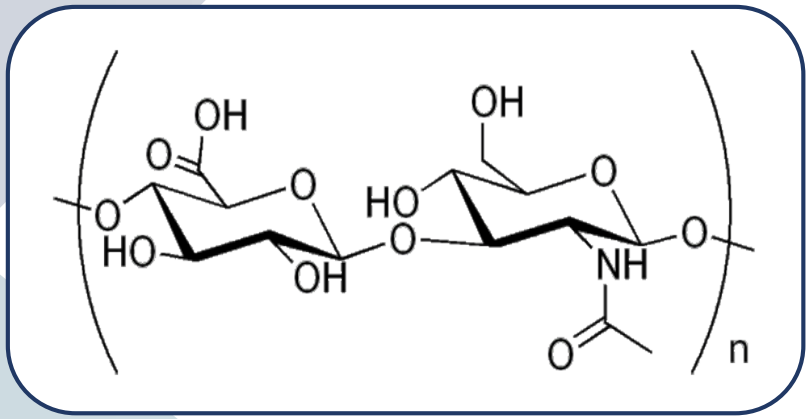
Unique first-in-class, highly differentiated Hyaluronic Acid (HA) eye drop

- The only modified and covalently crosslinked HA eye drop in the world
  - Provides device regulatory pathway in the U.S.
- At 0.75% HA, highest concentration HA eye drop in the world
  - 5x greater than the HA (non-crosslinked) in Allergan's Refresh® Repair and J&J's Blink® (both are non-Rx, only available OTC)
- Only Rx HA eye drop in the U.S.
- Will be the only eye drop in the U.S. approved/labeled for:
  - Acceleration of Re-epithelialization (wound healing) and
  - Punctate Epitheliopathies

Over 60 Million Potential Patients in the U.S.

Hyaluronic Acid (HA)

HA is a Naturally Occurring Molecule in our Body with Several Beneficial Properties



Hyaluronic Acid

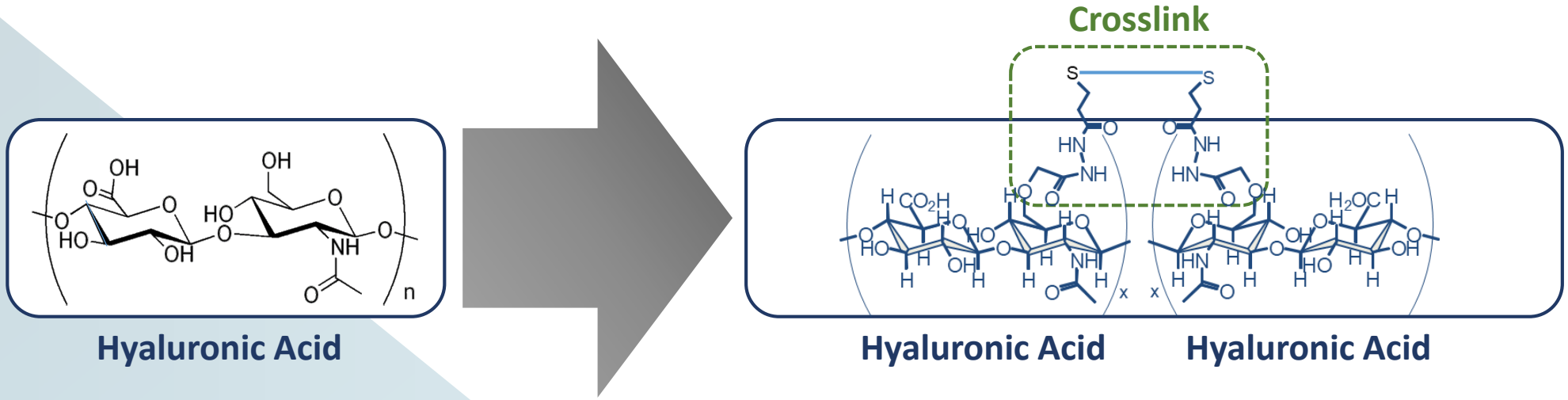
- Promotes wound healing by providing a mechanical barrier against blinking and external forces
- Provides hydration and lubrication; binds up to 1,000 times its volume in water weight
- OGB would be the **first approved** HA eye drop in the U.S.; they are already the Standard of Care in Europe and Asia for dry eye and wound healing
- Non-ocular HA products are approved in the U.S. for wound and burn management and osteoarthritis

However, HA degrades rapidly and these components can cause inflammation

OBG: HA Modified and Crosslinked

The unique crosslinking stabilizes the HA molecule providing the following characteristics:

- Resistance to degradation
- Prolonged retention on the ocular surface (up to 2 hours)
- Allowance for a much higher concentration of HA (0.75%)
- Different rheologic behavior than non-crosslinked HA
  - Although high viscosity, its high shear thinning properties provide clear vision with blinking



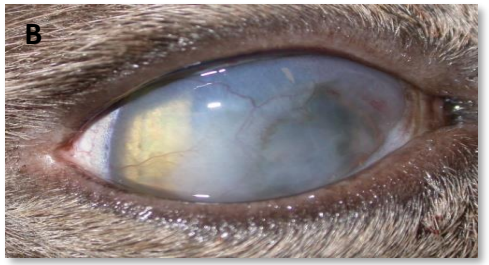
OBG: Efficacy Demonstrated in Various Studies

Animal Studies

- Post traumatic corneal stromal ulcers (real world dogs and cats)
- Dry eye (veterinary dogs who failed topical cyclosporine)
- Corneal abrasion and alkali burn injuries (rabbit models)

Molly: 12 year old cat with a non-healing corneal defect

A. Non-healing at 42 days



B. Ulcer healing after 12 days of using 0.75% CMHA-S

Additionally, positive results from 3 human clinical studies: 2 for post-PRK surgery and 1 for PE

- Demonstrated ability of an eye drop to close large epithelial wounds as well as a bandage contact lens
- Showed statistical significant reduction in symptoms vs control for patients with history of dry eye (PE study)

Near-Term Milestones

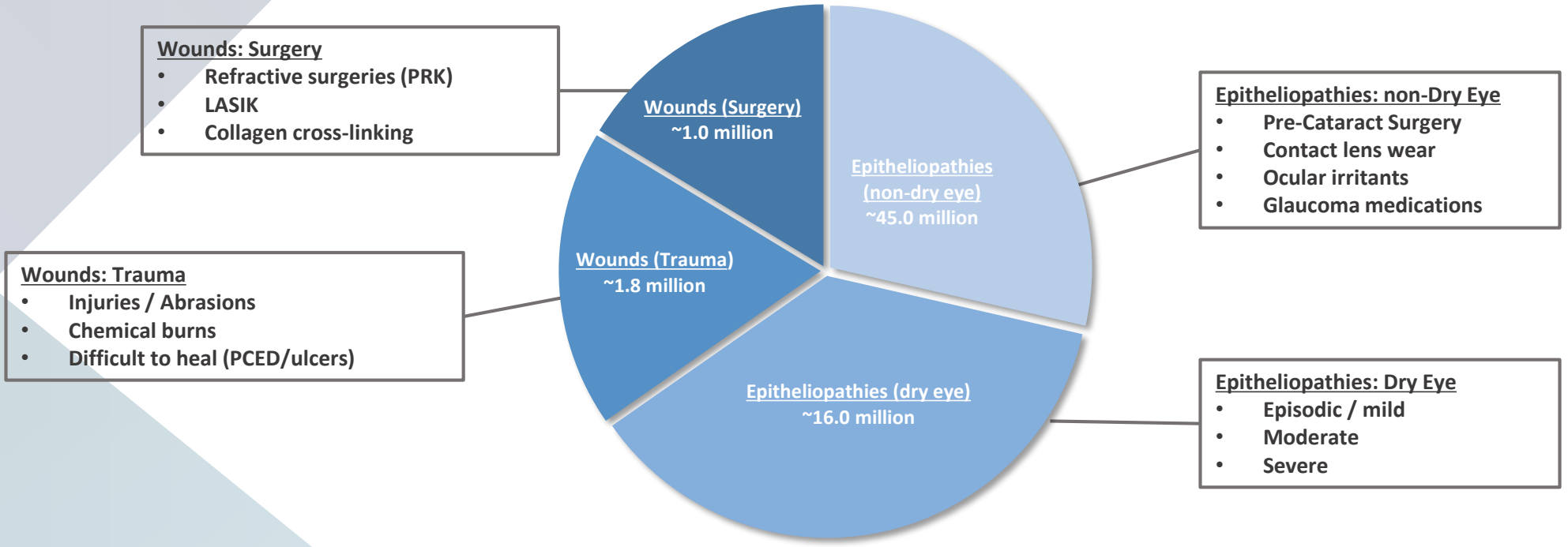
Treating ocular surface pathologies and associated corneal injuries

Program	Disease Area	Q1 2019	Q2 2019	H2 2019
OBG Eye Drop Crosslinked Hyaluronic Acid	Large Corneal Wounds: Photorefractive Keratectomy (PRK)	Pre-Submission Meeting with FDA (CDRH) Mar 20, 2019	IDE Approved May 31 Pivotal Study Initiated	Top-Line Data
	Punctate Epitheliopathies (PE): e.g. Dry Eye, Contact Lens Wear, etc.		File Supplemental & Continue Discussions	

- Meeting with FDA (device division) confirmed ability to move to pivotal study for PRK patients with filing of *de novo* soon after completion
  - FDA approved IDE on May 31, pivotal study initiated with first patient enrollment expected by end of June
- FDA agreed to continue discussion regarding alternative endpoints for punctate epitheliopathy indication

Large Opportunity & Addressable Market

Over 60 Million Potential Patients with Corneal Wounds or Epitheliopathies in the U.S.



Payer Research Supports WAC Pricing for up to $225 per monthly Rx

- Ocular surface damage (wounds and epitheliopathies) can be both small and large and come from a variety of non-traumatic pathologies (e.g. PE/dry eye), traumatic injuries, and surgery
- Wounds will have a more urgent need for protection and associated healing given the higher risk of corneal haze, scarring, and infection which can result in loss of vision

Photorefractive Keratectomy (PRK) Studies

About Photorefractive Keratectomy (PRK)

- PRK is a surgical correction of refractive errors for patients who are not suitable candidates for LASIK due to:
  - Inadequate corneal thickness
  - Larger pupil size
  - History of keratoconjunctivitis sicca (KCS)
  - Anterior basement membrane disease
- PRK involves controlled mechanical removal of corneal epithelium with subsequent lasering of stroma
- Although PRK yields excellent visual results, common complications include:
  - Post-operative pain
  - Risk of corneal infection prior to re-epithelialization
  - Corneal haze formation
  - Decreased contrast sensitivity
  - Slower visual recovery
- Enabling the epithelium to heal faster may mitigate the immediate peri-operative complications as well as improve the longer visual term outcomes

EyeGate's Photorefractive Keratectomy (PRK) Clinical Studies

Objective is to demonstrate acceleration of the healing process

- PRK population ideal for clinical development:
  - Large population (~700,000 LASIK/PRK surgeries per year in the U.S.)
  - Large wound (9mm), same size for all patients and know time zero
  - Healthy eyes required and time to healing well established
- Standard-of-care is a Bandage Contact Lens (BCL); can result in subsequent erosion of epithelium
- Two clinical studies completed demonstrating acceleration of healing vs standard-of-care
  - Primary outcome = percentage of patients healed at Day 3

Design for both studies:

- Treatment Group 1: OBG 4x/day (QID) for 14 days
- Treatment Group 2: Study 1 (OBG combined with BCL), Study 2 (OBG 8x/day for 3 days followed by QID for 11 days)
- Control Group: Standard of care (bandage contact lens + artificial tears)
- Study 2 was masked using a reading center (Tufts): digital photography of fluorescein stained slit lamp photos

PRK: Positive Clinical Trial Results

Acceleration of Re-epithelialization/Healing of a Large Wound Demonstrated

	Study 1				Study 2			
	N	Day 3	Day 4	Day 5	N	Day 3	Day 4	Day 5
Treatment Group 1: OBG QID	12	**10 (83.3%)**	12 (100.0%)	12 (100.0%)	15	**13 (86.7%)**	15 (100.0%)	15 (100.0%)
Control Group: BCL + Artificial Tears	13	**7 (53.8%)**	13 (100.0%)	12* (92.3%)	15	**10* (66.7%)**	13 (86.7%)	15 (100.0%)

- Primary Outcome: proportion of subjects with complete re-epithelialization at Day 3 (72 hours post-surgery) which stayed closed/healed*
  - OBG improved healing time, 20% to ~30% more patients healed at Day 3
- Wound Size (Study 2): on Day 2, largest wound in OBG group was 49% smaller than the largest wound in the control arm
- No safety concerns in OBG groups for both studies

> ***"First time seeing an epithelial defect heal this fast without a bandage contact lens"***
>
> - Dr. Daniel Durrie, M.D., Founder of Durrie Vision

*To be considered healed, the epithelial layer must be maintained at Day 4 through Day 14 (i.e. Control Group had a subject with closed wound at Day 3 who had a subsequent erosion at Day 4, so not healed).

PE Study

About Punctate Epitheliopathies (PE)

- Punctates are a sign of epithelial compromise and are characterized by a breakdown or damage of the epithelium of the cornea and therefore stain positively with fluorescein
- Patients may present with non-specific symptoms such as tearing, foreign body sensation, photophobia, and burning
- PE is associated with many pathologic ocular inflammatory conditions, which can include:
  - dry eye
  - acute and chronic bacterial and viral conjunctivitis
  - trauma
  - contact lens wear (tight lens syndrome)
  - chemical irritation and burns
  - diabetic and infectious neuropathies
  - chemotherapy
  - corneal abrasion
  - eyelid malposition with secondary exposure keratopathy

EyeGate's Punctate Epitheliopathies (PE) Study

Objective is to reduce corneal staining and improve the accompanying symptoms

- Nothing currently approved for the treatment of PE in the U.S.
  - Large population (millions of patients in the U.S.), easy to recruit
  - Many causes, a large one being dry eye, which is not a homogenous population
- One clinical study completed demonstrating reduction in staining of central cornea and a statistically significant improvement in symptoms
- Primary outcome was based on fluorescein staining of the cornea; not an objective measurement
- Combination of non-homogenous population and subjective measurement resulted in mixed outcome with small study
- FDA has agreed to discuss alternative endpoints (i.e. objective ones)

Study Design

- 30 subjects: 6 week study (2 week wash-out followed by 4 weeks of treatment)
  - 2 week wash-out period: all 30 patients stop taking prescription eye drops and receive rewetting eye drops* only
  - 4 week treatment period: OBG QID vs rewetting eye drops* (15 patients per group)
- Patients must have staining score ≥4 at beginning of wash-out (Day -14) period and beginning of treatment (Day 0) period

*Bausch & Lomb Sensitive Eyes rewetting drops: A sterile buffered, isotonic, aqueous solution that contains boric acid, sodium borate, sodium chloride and poloxamine; preserved with sorbic acid 0.15% and edetate disodium 0.1%

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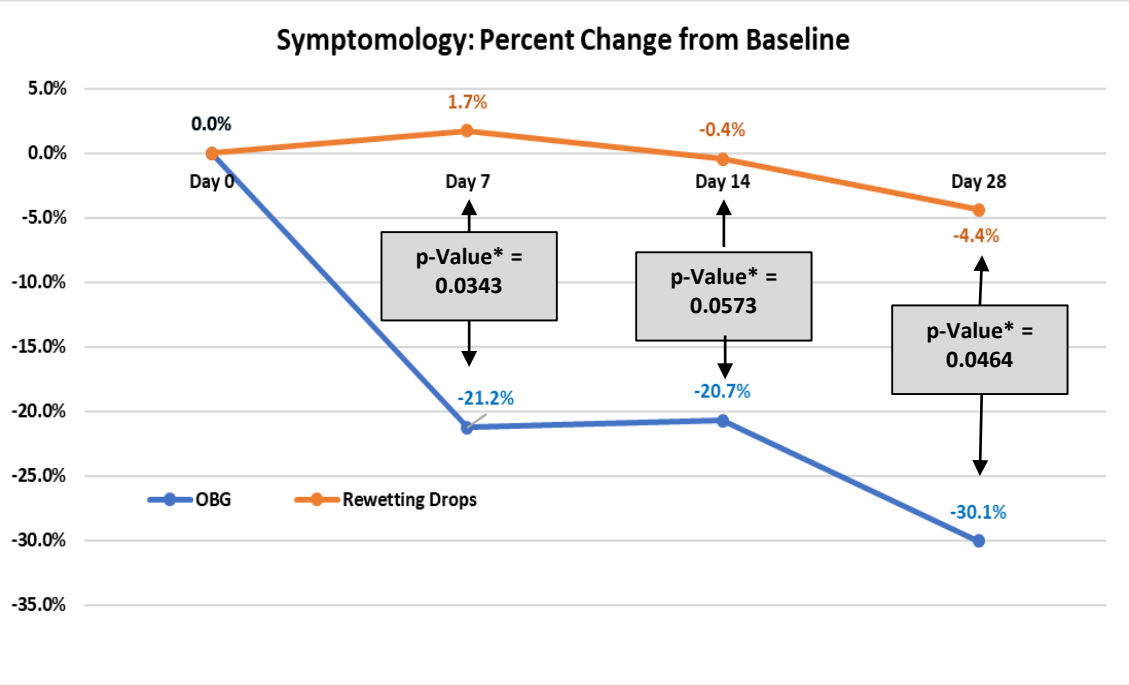
PE Study Demonstrates Improvement in Symptoms



- **No other product has demonstrated an improvement of this magnitude this quickly (i.e., degree and speed of improvement)**

- Symptomology data using SPEED™ questionnaire showed strong p-values at all follow-up days
  - OBG patients saw a decrease of 30% from baseline in reported symptoms
  - 73% of patients in the OBG group reported an improvement of symptoms while 53% of patients in the control group reported a worsening of symptoms

*Bausch & Lomb Sensitive Eyes rewetting drops: A sterile buffered, isotonic, aqueous solution that contains boric acid, sodium borate, sodium chloride and poloxamine; preserved with sorbic acid 0.15% and edetate disodium 0.1%

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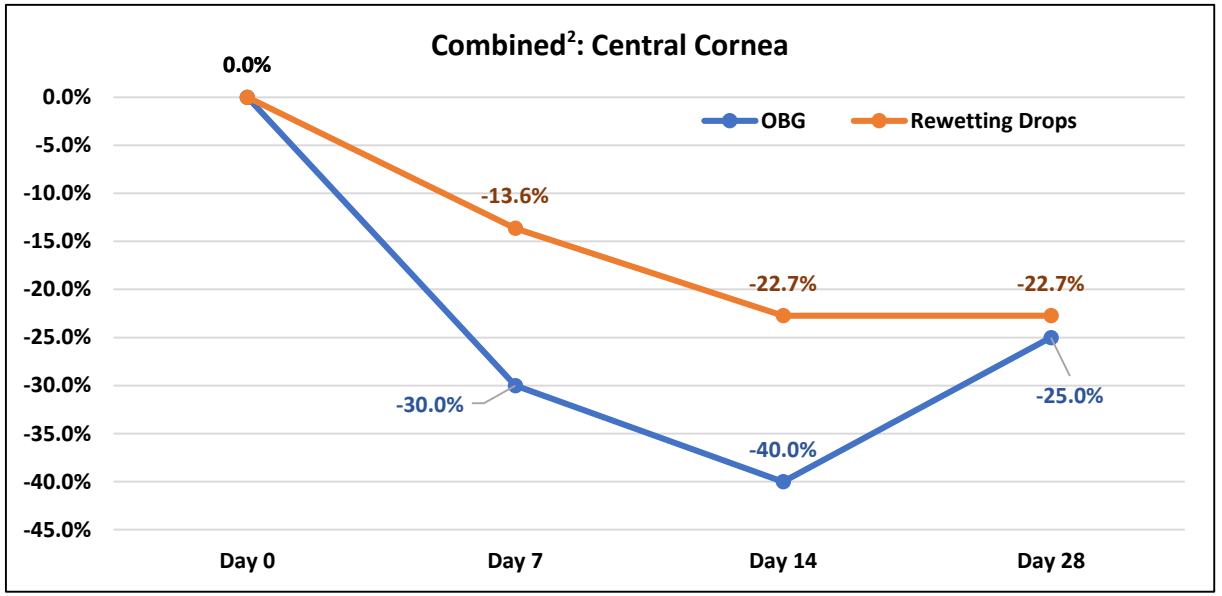
Staining Results of Central Cornea Supports Improved Symptoms Outcome

Central Cornea[1] Quickly Improves and Continues to Perform



- This data supports and correlates with symptomology due to high concentration of nerve endings being located in the central cornea
- SPEED Questionnaire is answered based on comfort in both eyes[2]

1) Central Cornea important for visual field
2) Combined Data = Study eye + non-study eye

Iontophoresis Platform

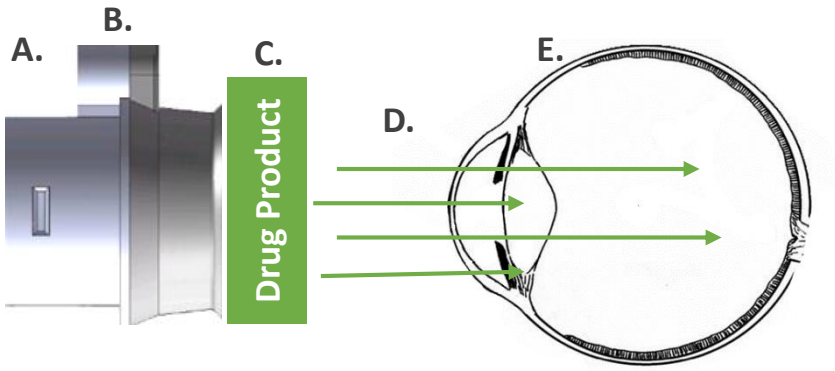
EyeGate® II Delivery System and EGP-437

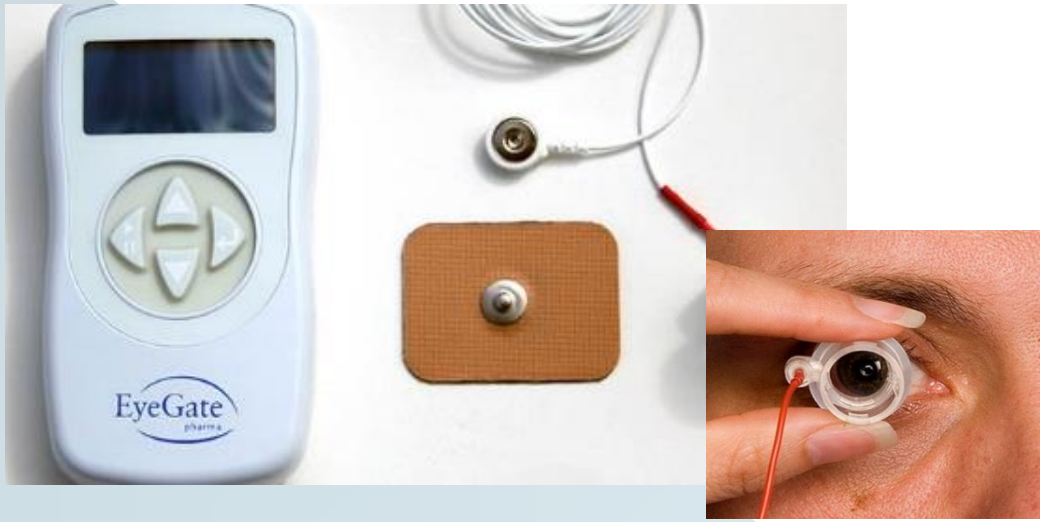
EyeGate® II Delivery System and EGP-437

A Non-Invasive Method of Propelling Charged Active Compounds into Ocular Tissues

A. **Applicator**
B. **Small electrical current at electrode**
C. **Charged drug product (in applicator)**
D. **Active product propelled into the eye**
E. **Eye receiving drug product noninvasively**

Dose is controlled by current strength and application time

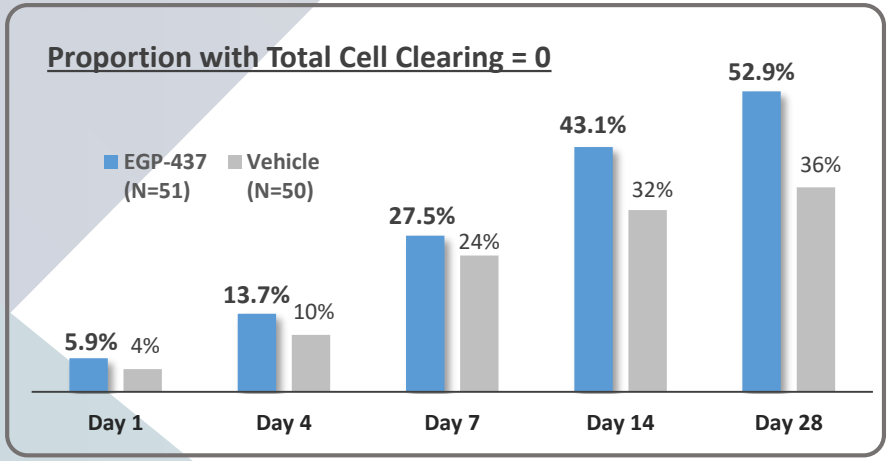




EGP-437, a reformulated corticosteroid, Dexamethasone Sodium Phosphate is delivered into the ocular tissues through EyeGate's proprietary innovative drug delivery system, the EyeGate® II Delivery System

EGP-437 Clinical Data Results

Inflammation Post Cataract Surgery
Phase 2 Clinical Trial
Double-masked, placebo-controlled, two-arms, 101 subjects



- ✓ EGP-437 demonstrated better clinical performance than the vehicle control trending towards statistical significance (p = 0.08)
- ✓ Secondary endpoints: change in mean cell count and change in mean pain score
  - Total Cell Clearing count = 0 on Day 7 (p=0.0096)
  - Pain Score = 0 on Day 1 (p=0.0149)
- ✓ EGP-437 arm demonstrated a favorable safety profile with no serious adverse events reported

Anterior Uveitis Phase 3 Non-Inferiority Trial

Missed Primary Endpoint on Day 15

- ➢ Non-inferiority was not demonstrated between EGP-437 and Control (the lower limit of the two-sided 95% confidence interval (CI) for the difference is less than -10%)
- ➢ Control group had higher rate of success (ACC count=zero) than the EGP-437
  - The Chi-square test shows significant difference between Control and EGP-437, preferring the Control group

N	Test	EGP-437 Zero	Control Zero	EGP-Control, Two-Sided 95% CI	p-value[1]/ p-value[2]
251 patients	ACC Count	53 (42.4%)	75 (60.3%)	(-30.25%, -5.55%)	0.8951/ 0.0052

Thank You

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Contact Us

Joseph Green
Edison Advisors Investor Relations
Tel: (646) 653 - 7030
E-mail: jgreen@edisongroup.com