## Edgar Filing: Almenoff June Sherie - Form 4

Almenoff J Form 4	une Sherie											
October 18	, 2017											
FORM		OT A TEC						т	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHAN Washington, D.C. 20549								OMB Number:	3235-0287			
Check t if no lor subject Section Form 4 Form 5	nger to <b>STATEN</b> 16. or		OF CHANGES IN BENEFICIAL SECURITIES Section 16(a) of the Securities Excl					Expires:	urs per			
obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17(	(a) of the I	Public U	Jtility Hol	ding Co		of 1935 or Section	on				
(Print or Type	e Responses)											
1. Name and Address of Reporting Person <u>*</u> Almenoff June Sherie			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
(Lost)	(First) (	Middle)	Ohr Pharmaceutical Inc [OHRP] 3. Date of Earliest Transaction				(Check all applicable)					
	(First) ( PHARMACEUTI THIRD AVE., 117			Day/Year)	ransaction		X Director Officer (giv below)		% Owner her (specify			
(Street)			4. If Amendment, Date Original			al	6. Individual or J	oint/Group Fili	ng(Check			
NEW YOF		Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
		( <b>7</b> : )					Person					
(City)	(State)	(Zip)					cquired, Disposed o	of, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) or l of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Reminder: Re	eport on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.					
					inforı requi	nation cont red to respe ays a curre	spond to the colle- ained in this form ond unless the for ntly valid OMB co	are not m	SEC 1474 (9-02)			
	Tab					sposed of, or convertible	Beneficially Owned securities)	I				
		saction Date /Day/Year)		emed on Date, if	4. Transact	5. Number tiorDerivative			7. Title and Amount of Underlying Securities			

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	Acquired Disposed	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		/Year)	(Instr. 3 and 4)	
				Code	/ (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 0.67	10/16/2017		А	170,000	)	<u>(1)</u>	10/15/2022	Common Stock	170,000

## **Reporting Owners**

Reporting Owner N	Relationships						
	Director	10% Owner	Officer	Other			
Almenoff June Sherie C/O OHR PHARMAC 800 THIRD AVE., 117 NEW YORK, NY 100	Х						
Signatures							
/s/ June S. Almenoff	10/18/2017						
**Signature of	Date						

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

- \* 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).
- (1) 1/3 of the shares of common stock subject to the stock option became exercisable immediately, and 1/3 of the shares of common stock subject to the stock option will become exercisable on each of October 16, 2018 and October 16, 2019.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.