FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | |
|---|---|------------|--|--|--|-----|-----------|-------|--------------------------------------|---|-----------------------------|--|---|---|---|--|---|
| 1. Name and Address of Reporting Person * GREENSTEIN IRA A | | | | 2. Issuer Name and Ticker or Trading Symbol Ohr Pharmaceutical Inc [OHRP] | | | | | | | mbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) C/O OHR PHARMACEUTICAL, INC., 800 THIRD AVE, 11TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/09/2014 | | | | | | | | Office | r (give title belo | ow) | Other (specify bo | elow) |
| (Street) NEW YORK, NY 10022 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | | |
| (City | (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Datany (Month/Day/Y | | | (Instr. 8 | | | 4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5) | | of (D) | Beneficia | nt of Securities ally Owned Following Transaction(s) and 4) | | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership |
| | | | | Ì | | Í | | ode | V. | Amour | (A) or (D) | Price | ` | , | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock, \$0.0001 per share | | 04/09/2014 | | | | | P | | 2,500 | A | \$ 10.2 | 455,496 | (1) | | D | | |
| | | | Table II - | | | | | quire | conta the fo | ined i orm dis | n this for splays a o | m are curre eficial | not requesting ntly valid | OMB conf | ormation spond unle rol numbe | ss | 1474 (9-02) |
| Security | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Da any | te, if Transaction Code (Instr. 8) | | ion | 5. | | and Expiration Date (Month/Day/Year) | | 7. Ti Amo Und Secu | itle and ount of erlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form of Derivativ Security Direct (I or Indire | Beneficia Ownershi (Instr. 4) | |
| | | | | | Code | V | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| GREENSTEIN IRA A C/O OHR PHARMACEUTICAL, INC. 800 THIRD AVE, 11TH FLOOR NEW YORK, NY 10022 | X | | | | | |

Signatures

| /s/ Ira A. Greenstein | 04/10/2014 | | | |
|---------------------------------|------------|--|--|--|
| **Signature of Reporting Person | Date | | | |

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) Includes options and warrants not currently exercisable.

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.