# FORM 4

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

OMB APPROVAL						
OMB Number: 3235-028						
Estimated average burden						
hours per respons	e 0.5					

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 * Almenoff June Sherie				2. Issuer Name and Ticker or Trading Symbol Ohr Pharmaceutical Inc [OHRP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O OHR PHARMACEUTICAL,, 800 THIRD AVENUE 11TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 02/06/2015								Officer (give	title below)	Othe	(specify below	v)
(Street) NEW YORK, NY 10022				4. If Amendment, Date Original Filed(Month/Day/Year)								_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				
(Cit	ty)	(State)	(Zip)				Т	able I - No	n-Der	ivative	Securition	es Acquired	, Disposed o	of, or Benef	icially Owned	l	
(Instr. 3) Date		2. Transaction Date (Month/Day/Yea	Exec ar) any			, if (	3. Transaction Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Ow Tra	Owned Followi Transaction(s)		I (	6. Ownership Form:	Beneficial	
				(Moi	itn/L	Day/Ye	ear)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Commor per share	Common Stock, par value \$0.0001 02/06/2015						P	$\epsilon$	5,000	A	\$ 16	,900			D		
			Table II	- Deriv	ativo	e Secu	rities	a	curre	ntly va	lid OM	equired to B control n	umber.	nless the	form displa	/S	
	I.	I	1	(e.g., ]		calls,		rants, opti	ons, co	nvertib	le secur	ities)		1		-	
1. Title of Derivative Security (Instr. 3)	erivative Conversion or Exercise (Month/Day/Year) Execution Date, if Code of C		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Beneficial Ownershi (Instr. 4)  D) ect									
				Code	V	(A)	(D)	Date Exercisal	ole	Expir Date	ration	Title	Amount or Number of Shares				
Option	\$ 4.68							05/17/2	013(1	05/1	7/2018	Common Stock	116,667		116,667	D	

### **Reporting Owners**

I		Relationships					
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
	Almenoff June Sherie C/O OHR PHARMACEUTICAL, 800 THIRD AVENUE 11TH FLOOR NEW YORK, NY 10022	X					

### **Signatures**

/s/ June S. Almenoff	02/10/2015
**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) 58,333 options are currently unexercisable; half will become exercisable on May 17, 2015 and half will become exercisable on May 17, 2016.

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.