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

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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

| 1. Name and Address of Reporting Person ² Slakter Jason Scott | 2. Issuer Name and Ohr Pharmaceuti | | | · · | l | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner | | | | | | |
|---|--|--|-----------------------------------|------------|--------|---|------------------------------|---|--|--------------------------|--|--|
| (Last) (First) C/O OHR PHARMACEUTICAL, THIRD AVE., 11TH FLOOR | 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2015 | | | | | | Officer (give title below)Ot | her (specify belo | ow) | | | |
| (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 Person Form filed by More than One Reporting Person | | | | |
| (City) (State) | (Zip) | Table I - Non-Derivative Securities Acqu | | | | | | uired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Code (A) or (Instr. 8) (Instr. 3) | | | ties Acquisposed of 4 and 5) | of (D) | Owned Following Reported Transaction(s) | Ownership Form: | Beneficial | | |
| | | (Month/Day/Year) | Code | V | Amount | (A) or (D) | Price | × , | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | | |
| Common Stock, par value \$0.0001 per share | 02/06/2015 | | Р | | 29,630 | А | \$ 6.75 | 64,573 | D | | | |
| Common Stock, par value \$0.0001 per share | | | | | | | | 425,505 | Ι | By SKS Ocular, LLC | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (<i>e.g.</i> , puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|------------------------|---|--------------------------|---|------|---|-----|---|---------------------|--------------------|-----------------------------|--|--------------------------------------|--|--|--|
| Security (Instr. 3) | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code |) | of | vative rities iired or osed) :. 3, | (Month/Day/Year) | | of Underlying Securities | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Warrant | \$ 2.85 | | | | | | | 05/18/2012 | 05/18/2015 | Common Stock | 16,667 | | 16,667 | D | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Slakter Jason Scott C/O OHR PHARMACEUTICAL, INC. 800 THIRD AVE., 11TH FLOOR NEW YORK, NY 10022 | Х | | | | | | |

Signatures

| /s/ Jason S. Slakter | 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).

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.