FORM 4

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

OMB APPROVAL
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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

	ction 1(b).				1111	CSUITCIII	C 0.	inpuny .	1101	,,,,,,								
(Print or Type Responses) 1. Name and Address of Reporting Person * Taraporewala Irach B.					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, INC., 800 THIRD AVE., 11TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 03/10/2015							X Officer (give title below) Other (specify below) Chief Executive Officer						
(Street)				4. If A	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					
NEW YORK, NY 10022 (City) (State) (Zip)					Table I - Non-Derivative Securities Acon							ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Ow Transaction(s) (Instr. 3 and 4) 6. Ow Ow Ow Dir		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership					
							Code	V	Amount (A) or (D)		Price	(I)			(Instr. 4)			
Common share	Stock, pa	r value \$0.0001	per										22,8	00			D	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) E ar	3A. Deemed Execution Date, if	4. Transac Code	, put	5. Number of Deriva Securities Acquired or Dispos of (D)	er tive (A)	es Acquired, Dispose rrants, options, conv 6. Date Exercisal Expiration Date (Month/Day/Yea A)			vertible securition ble and ar)		illy Owned			9. Number o Derivative Securities Beneficially Owned Following	Owners Form o Derivat Securit Direct	ve Ownersh (Instr. 4)
				Code	v	(Instr. 3, 4 and 5)	(D)	Date Exercisa	able		xpiration ate	Title		Amount or Number of Shares		Reported Transaction(s (Instr. 4)	or India (I) (Instr. 4	
Option	\$ 1.50			Code		(11)	(D)	04/12/	2010	04	4/12/2015		nmon	266,667		266,667	, D	
Option	\$ 1.71							03/09/	2014	(2) 03	3/09/2017		nmon ock	233,333		233,333	D	
Option	\$ 10.11							02/03/	2014	(3) 02	2/03/2017		mon ock	250,000		250,000	D	
Option	\$ 10.14	03/10/2015		A		75,000		03/10/	2015	(<u>4)</u> 03	3/10/2020		mon ock	75,000	\$ 0 (5)	75,000	D	
Repor	ting O	wners																

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Taraporewala Irach B. C/O OHR PHARMACEUTICAL, INC. 800 THIRD AVE., 11TH FLOOR NEW YORK, NY 10022	X		Chief Executive Officer				

Signatures

/s/ Irach Taraporewala	03/11/2015
**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) All exercisable.
- (2) All exercisable.
- (3) 125,000 options are currently unexercisable; half will become exercisable February 3, 2016 and half will become exercisable February 3, 2017.
- (4) 56,250 options are currently unexercisable; 1/3rd will become exercisable on each of March 10, 2016, March 10, 2017 and March 10, 2018.
- (5) Options granted pursuant to registrant's 2014 Stock Incentive Plan.

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.