## FORM 4

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

OMB APPROV	AL
OMB Number:	3235-0287
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hours per response	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

	pe Response	/																
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_ Director10% Owner					
(Last) (First) (Middle) C/O OHR PHARMACEUTICAL,, 800 THIRD AVENUE 11TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 03/10/2015								0	Officer (give tit	le below)	Other	(specify below	)
(Street) NEW YORK, NY 10022				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 Person  Form filed by More than One Reporting Person					
(Ci		(State)	(Zip)				Tab	ole I - No	n-Deriv	ative S	Securities	Acqui	red, D	isposed of	or Benefic	cially Owned		
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea					3. Transaction Code		on 4.	. Securities Acquired A) or Disposed of (D) instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			eficially	6. Ownership Form:	Beneficial		
			(Me	(Month/Day/Yea		(	Code	V A	(A) or (D)		Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Commor share	Stock, pa	r value \$0.0001	per										16,90	00		1	)	
Reminder:	Report on a s	separate line for each	class of securities l	peneficia	ally owne	ed direc	tly o	P	ersons							n contained	in SEC	474 (9-02)
Reminder:	Report on a s	separate line for each			,			Pe th cu	ersons is forn urrently	are no valid		red to ontrol	respo numb	ond unles er.		n contained n displays a	in SEC	474 (9-02)
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table  3A. Deemed Execution Date, if any	II - Deri (e.g., 4. Transac Code	ivative S., puts, ca , puts, ca 5. 1 Sec 8) Acc or 1 of ( (In:	Securiti alls, wa Numbe Derivat courities equired Dispose (D) sstr. 3, 4 d 5)	es A arran r tive (A) eed	equired, ats, option 6. Date 1	ersons lis forn urrently Dispos ons, con Exercisa on Date Day/Ye.	are now valid ed of, o vertible and	ot requi OMB co or Benefic e securiti	cially Cos) 7. Title of Und Securi	Dwned e and Aderlyin ties 3 and	ond unles er.  Amount	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Naturof Indire Beneficio Ownersh (Instr. 4)
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### **Reporting Owners**

	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	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)  $\frac{58,333}{2016}$  options are currently unexercisable; half will become exercisable on May 17, 2015 and half will become exercisable on May 17, 2016.

- (2) 63,000 options are currently unexercisable; 1/3rd will become exercisable on each of March 10, 2016, March 10, 2017 and March 10, 2018.
- (3) 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.