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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response...

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Type Responses)

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 *- HIRSCHMAN ORIN					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 X 10% Owner							
		(First) ACEUTICAL, I LOOR	NC., 800 THIRI	3. Da	ite of	Earliest 7					/Year))			_ Officer (give	title below)		ther (specify be	elow)	
(Street)					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 Person Berger							
NEW YORK, NY 10022															Form filed by More than One Reporting Person					
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu							uired	nired, Disposed of, or Beneficially Owned							
(Instr. 3) Date			2. Transaction Date (Month/Day/Ye	2A. Deemed Execution Date, is any (Month/Day/Year		(Instr. 8)			4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)				5. Amount of Se Owned Followin Transaction(s) (Instr. 3 and 4)		ng Reported		6. Ownership Form: Direct (D) or Indirect	Benefi Owner	ct cial ship	
								Code	V	Amo	ount	(A) or (D)	Price					(I) (Instr. 4)		
Common	Stock, \$0	.0001 par value												1,500	6,747			I	By A Invest Partne LLC	tment
Common Stock, \$0.0001 par value													138,200				I	By se custoo of accou for th benef minor childr	dian ints ie fit of r	
Reminder:	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 in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1474 (9-02)																			
			Table			ive Secur								Own	ed					
	Title of 2. 3. Transaction Date Conversion or Exercise (Month/Day/Year) 3A. Deemed Execution Date, if Transaction Code Securities (Month/Day/Year) any Code Securities (Month/Day/Year)		6. Date Expirat (Month	ation Date of Und th/Day/Year) Securit				derlyii ities	lerlying Derivative Security (Instr. 5)		Securities Beneficially Owned Following Reported Transaction(s)	Owners Form of Derivat Security Direct (or Indir (s) (I)	Ownership Form of Ber Derivative Security: Direct (D) or Indirect							
				Code	v	(A)	(D)	Date Exercis	able		Expira Date	ation	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Warrant	\$ 3.6							06/28/2013		2 06/28/2017		8/2017	Com		29,000		29,000	I	Inv	AIGH vestment artners,
Option	\$ 1.71							03/09	9/201	12	03/09	9/2017	Com	mon ock	100,000		100,000	D		
Option	\$ 10.14	03/10/2015		A		84,000		03/10/	/2015	5(1)	03/10	0/2020	Com	mon ock	84,000	\$ 0 (2)	84,000	D		

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HIRSCHMAN ORIN C/O OHR PHARMACEUTICAL, INC. 800 THIRD AVENUE, 11TH FLOOR NEW YORK, NY 10022	X	X				

Signatures

/s/ Orin Hirschman	03/12/2015
**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) $\frac{63,000}{2018}$ options are currently unexercisable; 1/3rd will become exercisable on each of March 10, 2016, March 10, 2017 and March 10, 2018.
- (2) 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.