## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

(Print or Type Responses)																
Name and Address of Reporting Person * Slakter Jason Scott			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) C/O OHR PHARMACE THIRD AVENUE, 11TH	3. Date of Earliest Transaction (Month/Day/Year) 11/20/2015							r)	X Officer (give title below) Other (specify below)  Chief Executive Officer							
(Street) NEW YORK, NY 10022			4. If Amendment, Date Original Filed(Month/Day/Year)							Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State		(Zip)		Ta	ıble I -	Non	-Deri	vative !	Secur	ities A	Acqui	ired, Disp	osed of, or l	Beneficially	Owned	
(Instr. 3) Date		ransaction enth/Day/Year)			(Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		sed of	f(D) Beneficia		nt of Securities ally Owned Following 1 Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
			(Month/Day/	onth/Day/Year)		de	V	Amour		(A) or (D)	Price	(Ilistr. 3 a	iiu +)			(Instr. 4)
Common Stock, par valu \$0.0001 per share	e 11/2	20/2015			J <u>(1</u>	)		428,22 (1)	23 A		(1)	506,146			D	
			Derivative So			t quire	conta the fo d, Dis	ained in orm dis sposed	n this splay of, or	s forr s a c Bene	m are curre	e not requ ntly valid	OMB con	spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Conversion Or Exercise (Instr. 3)  3. Transaction Date (Month/Day/*)  Price of Derivative Security		3A. Deemed Execution Da	4. Transaction Code (Instr. 8)		5. Number a		6. Da	6. Date Exercisable and Expiration Date (Month/Day/Year)		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 Derivat Security Direct ( or Indir	Beneficia Ownershi (Instr. 4)	
			Code	V	(A)		Date Exerc		Expi Date	ration	Title	Amount or Number of Shares				
Reporting Owne	ers															

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Slakter Jason Scott C/O OHR PHARMACEUTICALS INC. 800 THIRD AVENUE, 11TH FLOOR NEW YORK, NY 10022	X		Chief Executive Officer					

# **Signatures**

/s/ Jason Scott Slakter	11/24/2015
**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) Pro rata distribution from a limited liability company. The shares were previously owned indirectly by the reporting person.

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.