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

(Print or Ty	pe Responses	s)																
1. Name and Address of Reporting Person * Backenroth Samuel				2. Issuer Name and Ticker or Trading Symbol Ohr Pharmaceutical Inc [OHRP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O OHR PHARMACEUTICAL INC., 800 THIRD AVE., 11TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 01/07/2016								X Officer (give title below) Other (specify below) Chief Financial Officer						
(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 PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)				Table I - Non-Derivative Securities Ac							s Acq	equired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year			Day/Year)	Execut any	Deemed rution Date, if nth/Day/Year		3. Transac Code (Instr. 8)	4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D)	Benef Repor	icially Owner	nt of Securities ally Owned Following I Transaction(s) and 4)		ership on E	7. Nature of Indirect Beneficial Ownership		
							Code	V	Amount (A) or (D) I		r Prio	e	(I		(I) (Instr	(Instr. 4)	
Common Stock, par value \$0.0001 per share			01/07/2)16				A		130,00	00 A	\$ 0	136,	199)			
			1	Γable II - Γ				es Acquire	cont the t	tained i form di isposed	n this fo splays a of, or Bei	rm a curr nefici	re not re ently va ally Owr	lid OMB co	espond unl ntrol numb			174 (9-02)
	ive Conversion Date y or Exercise (Month/Day/Year) Execution Date any		Deemed ecution Dat	4. te, if Transaction Code Year) (Instr. 8)		on S A (5.	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date (Month/Day/Year)			7. An Ur Se (Ir 4)	Title and nount of derlying curities str. 3 and or le Numl	ınt		ly D So D OI (I	ownership orm of Derivative ecurity: Direct (D) r Indirect	Ownership: (Instr. 4) ct	
						Code V	V ((A) (D)	Exe	rcisable	Date	11	of Share					
Repor	ting O	wners				D	Pala	tionships				1						
Rela							nonsmps											

Signatures

Backenroth Samuel

NEW YORK, NY 10022

/s/ Samuel Backenroth	01/11/2016
**Signature of Reporting Person	Date

Explanation of Responses:

Reporting Owner Name / Address

C/O OHR PHARMACEUTICAL INC.

800 THIRD AVE., 11TH FLOOR

10%

Owner

Officer

Chief Financial Officer

Other

Director

- * 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.