FORM 4

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Print or Type Re

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

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

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 – GREENSTEIN IRA A	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 PHARMACEUTICAL IN THIRD AVE., 11TH FLOOR	10 000	3. Date of Earliest Transaction (Month/Day/Year) 01/22/2016						Officer (give title below)O	ther (specify belo	ow)	
(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 Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
Title of Security 2. Transaction Date (Month/Day/Ye.		2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)				f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	

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 SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	er	6. Date Exer	cisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction of Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code	· · · · · · · · · · · · · · · · · · ·						Security			Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	tr. 8) Acquired (A)			(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative				or Disposed					~	(Instr. 4)				
	Security			of (D)					0	Direct (D)					
				(Instr. 3, 4,						or Indirect					
						and 5)					Transaction(s)	< / >			
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration		or				
								Exercisable		Title	Number				
											of				
				Code	V	(A)	(D)				Shares				
Stock															
Option										Common					
(right to	\$ 3.62	01/22/2016		A		80,000		<u>(1)</u>	01/21/2021	Common Stock	80,000	\$ 0	80,000	D	
										SIOCK					
buy)															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
GREENSTEIN IRA A C/O OHR PHARMACEUTICAL INC. 800 THIRD AVE., 11TH FLOOR NEW YORK, NY 10022	Х							

Signatures

/s/ Ira A. Greenstein	01/26/2016
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) 1/3 of the shares of common stock subject to the stock option became exercisable immediately, and 1/3 of the shares of common stock subject to the stock option will become exercisable on each of January 21, 2017 and January 21, 2018.

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.