FORM	4
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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).

(Print or Type Responses)

#### 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 Backenroth Samuel	g Person <sup>*</sup>	2. Issuer Name <b>a</b> Obr Pharmacei				nbol		5. Relationship of Reporting Pers (Check all appl	icable)	er
C/O OHR PHARMACEUT THIRD AVE., 11TH FLOC		Ohr Pharmaceutical Inc [OHRP] 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2016					Director 10% Owner XOfficer (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 Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Та	ble I - Noi	n-Dei	ivative S	ecuritie	es Acqu	ired, Disposed of, or Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Execution Date, if ny Code (A) or Disposed of (Instr. 3, 4 and 5)   Month/Day/Year) (A) (A)		l of (D)	Beneficially Owned Following Reported Transaction(s)Ownership Form:Ownership B(Instr. 3 and 4)Direct (D) or IndirectOwnership (I		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	or (D)	Price		(I) (Instr. 4)	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		163	А	\$ 3.23	136,362	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		11	А	\$ 3.22	136,373	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		184	А	\$ 3.21	136,557	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		54	А	\$ 3.2	136,611	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		152	А	\$ 3.19	136,763	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		192	А	\$ 3.18	136,955	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		834	А	\$ 3.17	137,789	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		379	А	\$ 3.16	138,168	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		184	А	\$ 3.15	138,352	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		43	А	\$ 3.14	138,395	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		97	А	\$ 3.13	138,492	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		11	А	\$ 3.125	138,503	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		163	А	\$ 3.12	138,666	D	
Common Stock, par value \$0.0001 per share	05/23/2016		Р		33	А	\$ 3.11	138,699	D	

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 II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Security	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		Number		s 1		and Expiration Date (Month/Day/Year)		Amo Unde Secu	unt of rlying	Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares						

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Backenroth Samuel C/O OHR PHARMACEUTICAL INC. 800 THIRD AVE., 11TH FLOOR NEW YORK, NY 10022			Chief Financial Officer				

## Signatures

/s/ Samuel Backenroth	05/24/2016
**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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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