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

OMB APPROVAL								
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hours per response	0.5							

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 Typ	e Responses)																
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) 04/10/2017								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 Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date any (Month/Day/Y		Date, if	Code	Fransaction de str. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		l [Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Co	ode	v	Amount	(A) or (D)	Price					I) Instr. 4)	
Common per share	Stock, par	value \$0.0001	04/10/2017]	P		71,429 1)	A	\$ 0.7	212,5	596			D	
			Table II -					in a quired,	this f curre Dispo	form are ntly vali osed of, o	not re id OMB or Benef	quired contro	l to re: ol nun	spond ເ nber.		on containe form displa		1474 (9-02)
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		onversion Exercise ice of erivative Date (Month/Day/Year) (Month		4. 5. Num Transaction of Der Code Securi			vative Expiration Date ies (Month/Day/Year) ed (A) oosed			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersl Form of Derivati Security Direct (I or Indirects)	Beneficial Ownership (Instr. 4)			
				Code	V	(A)	(D)	Date Exerc	isable	Expir Date	ation	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Warrants (right to buy)	\$ 1	04/10/2017		Р		50,001		04/10	0/201	7 04/1	0/2022	Com		50,001	\$ 0	50,001	D	

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	04/13/2017
**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).

On April 5, 2017, Ohr Pharmaceutical, Inc. (the "Issuer") entered into a securities purchase agreement (the "Securities Purchase Agreement") with various purchasers set forth on the (1) signatures pages thereto, including the Reporting Person. Pursuant to the Securities Purchase Agreement, the Reporting Person purchased shares of the Issuer's common stock (the "Common Stock") and warrants to purchase shares of Common Stock in a registered offering (the "Offering") for an aggregate purchase price of \$50,000.03. The closing of the Offering occurred on April 10, 2017.

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.