longer subject to

may continue. See

Instruction 1(b)

Section 16. Form 4 or Form 5 obligations

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

OMB APPROVAL OMB Number: 3235-0287

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(pe Response	s)													
1. Name and Address of Reporting Person* Ferguson Michael			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) (Middle) C/O OHR PHARMACEUTICAL INC., 800 THIRD AVE., 11TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 05/12/2017				_	Officer (give	title below)		(specify below))			
(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 Acqu				es Acquire	ired, Disposed of, or Beneficially Owned							
1.Title of S (Instr. 3)	1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				Date, if Code (Instr.		(A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	A) or Disposed on Str. 3, 4 and 5) (A) or mount (D)	of (D) Ov Tra	(D) Owned Following Transaction(s) (Instr. 3 and 4)		I I I	orm:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder:									s who respon						474 (9-02)
			Table II					in this f a currer aired, Dispo	orm are not rently valid OME	equired to 3 control : ficially Ow	respond unumber.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	*****	3A. Deemed Execution Date, if	(e.g., p 4. Transac Code	tion S A	alls, warn 5. Number Derivative Securities Acquired or Dispose (D) (Instr. 3, 4	r of (c) (A) (A) ed of	in this f a currentired, Dispo options, co	orm are not rently valid OME sed of, or Bene nvertible securions reisable and Date	equired to 3 control : ficially Ow	o respond unumber. vned d Amount ving	8. Price of	9. Number o Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indire Benefici ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., p 4. Transac Code	tion S A	alls, warn 5. Number Derivative Securities Acquired or Dispose (D)	r of (A) (A) (A) (B) (B) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	in this f a currentired, Dispo options, con 6. Date Exe Expiration I	orm are not rently valid OME sed of, or Bene nvertible securive recisable and Date //Year) Expiration	equired to 3 control ficially Owities) 7. Title an of Underly Securities	o respond unumber. vned d Amount ving	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indire Benefici ownersh (Instr. 4)

			Relationships				
Rej	oorting Owner Name / Address	Director	10% Owner	Officer	Other		
C/O OH 800 TH	n Michael IR PHARMACEUTICAL INC. IRD AVE., 11TH FLOOR ORK, NY 10022	X					

Signatures

/s/ Michael Ferguson	05/15/2017
**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).
- 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 May 12, 2018 and May 12, 2019.

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 no	ot required to respond unless the form displays a currently valid OMB number.