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

	pe Response	8)														
1. Name and Address of Reporting Person *- Backenroth Samuel				2. Issuer Name and Ticker or Trading Symbol Ohr Pharmaceutical Inc [OHRP]						5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Chief Financial Officer					
(Last) (First) (Middle) C/O OHR PHARMACEUTICAL INC., 800 THIRD AVE., 11TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 10/16/2017					X							
(Street) NEW YORK, NY 10022			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ I	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 Acqu						cquired,	uired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		Execution Date, if Code		ode	((A) or Disposed (Instr. 3, 4 and 5)		Owned Followi Transaction(s) (Instr. 3 and 4)		Securities Beneficially ing Reported		Ownership Form: Direct (D) or Indirect	Beneficial Ownership			
							Code	e V A	amount (A)		rice				I) Instr. 4)	
	1	,	r class of securities t) CHETICIAI	ny owne	a affect	ly or							on containe		474 (9-02)
	1			- Deriva	tive Sec	curities A	Acqu	Person in this a curre	form are no ntly valid (osed of, or B	ot requ MB co	iired to i ontrol ni ally Own	respond u umber.		on containe form displa		474 (9-02)
1. Title of Derivative Security (Instr. 3)	2.	3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., pu 4. Transact Code	tive Sec uts, calls 5. N Der Sec or I (D)	Number rivative curities quired (ADisposed)	Acquants, of A)	Person in this a curre	form are no ntly valid (osed of, or B nvertible se ercisable and Date	eneficia curities 7.7 of 1	iired to i ontrol ni ally Own	respond unmber. ed Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(Ownersh Form of Derivativ Security: Direct (I or Indire	ip of Indired Beneficial Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., pu 4. Transact Code	tive Sec uts, calls 5. N Der Sec) Acc or I (D) (Ins and	Number rivative curities quired (ADisposed) str. 3, 4, 15)	Acquants, of AA) d of	Person in this a curre a curre options, co	form are nontly valid (cosed of, or Bonevertible sector) Date (cosed of) (co	eneficia curities 7.7 of 1	ally Own Title and Underlyin curities str. 3 and	respond unmber. ed Amount	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	To 10. Ownersh Form of Derivativ Security: Direct (I or Indire	ip of Indired Beneficial Ownersh (Instr. 4)

Reporting Owners

Ī		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	10/18/2017
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) 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 October 16, 2018 and October 16, 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.