FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

)													
Name and Address of Reporting Person * Almenoff June Sherie			2. Issuer Name and Ticker or Trading Symbol Ohr Pharmaceutical Inc [OHRP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner					
(Last) (First) (Middle) C/O OHR PHARMACEUTICAL INC., 800 THIRD AVENUE, 11TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 06/26/2014						Office	er (give title belo	ow)	Other (specify	below)
NEW YORK	7 NV 1	(Street)		4. If Amen	dment,	Date O	riginal	Filed(Mon	th/Day/Year)		_X_ Form fil	ed by One Repo		Check Applica	ble Line)
(City)	L , 1 1 1	(State)	(Zip)		able I -	Dle I - Non-Derivative Securities Acqu				uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	any	ecution Date, if	(Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	ant of Securities ally Owned Following d Transaction(s)		Ownership Form:	Beneficial	
				(Month/Da	ıy/Year	Coc	le V	/ Amou	nt (A) or (D)	Price	(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Sto value	ock, \$0.0	0001 par	06/26/2014			P		3,200) A	\$ 8.34	125,366	<u>; (1)</u>		D	
			Table II -	Derivative S			the	ntained e form di Disposed	in this for isplays a	rm are currer reficiall	not requ ntly valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
(Instr. 3) Price	Exercise (ce of rivative	3. Transaction Date (Month/Day/Y	3A. Deemed Execution D any	(e.g., puts, c	alls, was	arrants 5.	the uired, in option 6. and (M. ive es ed	ntained e form di Disposed	in this for isplays a of, or Bent retible securicisable ion Date	rm are currer reficiall rities) 7. Ti Amo	not requ ntly valid	OMB con 8. Price of	spond unle	of 10. Owners Form o Derivat Security Direct (or Indir	11. Natu of Indire f Beneficia Ownersh 7: (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Almenoff June Sherie C/O OHR PHARMACEUTICAL INC. 800 THIRD AVENUE, 11TH FLOOR NEW YORK, NY 10022	X					

Signatures

/s/ June Sherie Almenoff	06/27/2014
**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) Includes 58,333 shares issuable pursuant to options which are not currently exercisable.

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.