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					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
C/O OHR PHARMACEUTICAL INC., 800 THIRD AVENUE, 11TH FLOOR				Ohr Pharmaceutical Inc [OHRP] 3. Date of Earliest Transaction (Month/Day/Year) 09/02/2014					XDirec	tor r (give title belo		10% Owner Other (specify b	pelow)	
(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)	Ta	able I - N	on-De	rivative	Securities	s Acau	ired. Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any	3. Transaction				5. Amount of Securities		6. 7 Ownership o Form: E	Beneficial				
				(Month/Day/Year	Code	. V	Amour	(A) or (D)	Price	(Instr. 3 a	na 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock, \$0.0001 par value		09/02/2014		P		1,000	A	\$ 8.12	126,366 (1)		D			
Common Stock, \$0.0001 par value		09/03/2014		P		1,200		\$ 8.05	127,566 (1)		D			
Reminder:	Report on a s	separate line fo	r each class of secur Table II - 1	ities beneficially or		Per cor the	sons wi ntained i form di	no respo n this fo splays a	rm are curre	e not requ ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	3A. Deemed Execution Da any	4. Transaction Code (Instr. 8)	5.	options, convertible securitie 6. Date Exercisable and Expiration Date (Month/Day/Year) ve es d d d 4		7. T Ame Und Seco	ritle and ount of derlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (1 or Indire	Beneficia Ownershi (Instr. 4)	
				Code V	(A) (E		te ercisable	Expiratio Date	n Title	Amount or e Number of Shares				

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	09/03/2014
**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.