FORM	4
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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).

(Print or Type Perpense)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

1. Name and Address of Reporting Person ⁺ Taraporewala Irach B.	2. Issuer Name and Ohr Pharmaceuti			· ·		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) C/O OHR PHARMACEUTICAL IN THIRD AVE., 11TH FLOOR	G 000	3. Date of Earliest Transaction (Month/Day/Year) 02/03/2014						X_Officer (give title below) Other (specify below) CEO & President			
(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 Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquir						ired, Disposed of, or Beneficially Own	ed		
1.Title of Security (Instr. 3)	2A. Deemed Execution Date, if any (Month/Day(Vaar)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		f (D)	Owned Following Reported Transaction(s)		Beneficial		
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Т	Title of	2.	3. Transaction	3A. Deemed	4.		5. Number	of	6. Date Exer	cisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Der	rivative	Conversion	Date	Execution Date, if	Transact	ion	Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect
Sec	urity	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Ins	str. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Acquired ((Instr. 3 and 4) (In		(Instr. 5)	Beneficially	Derivative	Ownership	
		Derivative					or Dispose						Owned	Security:	(Instr. 4)	
		Security					(D)							Following	Direct (D)	
		-					(Instr. 3, 4,	,						Reported	or Indirect	
							and 5)							Transaction(s)	(I)	
												Amount		(Instr. 4)	(Instr. 4)	
									Date	Expiration	-	or				
									Exercisable	1	1 ifle	Number				
					Code	V	(A)	(D)				of Shares				
		.	00/00/0014						(1)	00/00/0015	Common				5	
Op	otion	\$ 10.11	02/03/2014		А		250,000		<u>(1)</u>	02/03/2017	Stock	250,000	<u>(2)</u>	771,596 <u>(3)</u>	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Taraporewala Irach B. C/O OHR PHARMACEUTICAL INC. 800 THIRD AVE., 11TH FLOOR NEW YORK, NY 10022	Х		CEO & President				

Signatures

/s/ Irach Taraporewala	12/08/2014
**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) These options to purchase common stock of the issuer are exercisable over a four year period with 1/4 of the options granted vesting on an annual basis commencing on February 3, 2014.

(2) Granted pursuant to the Company's 2014 Stock Incentive Plan.

(3) Includes 19,095 Shares of Common Stock.

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.