

FORM 4

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

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

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

(Print or Type Responses)

| | | | | | | | | |
|--|--|--|---|--|--|--|--|--|
| 1. Name and Address of Reporting Person * Slakter Jason Scott | | | 2. Issuer Name and Ticker or Trading Symbol Ohr Pharmaceutical Inc [OHRP] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) Chief Executive Officer | | |
| (Last) (First) (Middle) C/O OHR PHARMACEUTICAL INC., 800 THIRD AVE., 11TH FLOOR | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/10/2017 | | | | | |
| (Street) NEW YORK, NY 10022 | | | 4. If Amendment, Date Original Filed (Month/Day/Year) | | | 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--------------------------------------|--|--------------------------------|---|---|------------|--------|---|--|---|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| Common Stock, par value \$0.0001 per share | 04/10/2017 | | P | | 142,858 (1) | A | \$ 0.7 | 1,067,898 | D | |
| Common Stock, par value \$0.0001 per share | | | | | | | | 1,195,724 | I | By SKS Ocular I LLC (2) |

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

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|--------------------------------------|--|--------------------------------|---|---|-----|--|-----------------|---|--|--|--|--|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | | | | | |
| Warrants (right to buy) | \$ 1 | 04/10/2017 | | P | | 100,001 | | 04/10/2017 | 04/10/2022 | Common Stock | \$ 0 | 100,001 | D | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|-------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Slakter Jason Scott C/O OHR PHARMACEUTICAL INC. 800 THIRD AVE., 11TH FLOOR NEW YORK, NY 10022 | X | | Chief Executive Officer | |

Signatures

| | |
|-------------------------------|------------|
| /s/ Jason Scott Slakter | 04/13/2017 |
| 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).

On April 5, 2017, Ohr Pharmaceutical, Inc. (the "Issuer") entered into a securities purchase agreement (the "Securities Purchase Agreement") with various purchasers set forth on the signatures pages thereto, including the Reporting Person. Pursuant to the Securities Purchase Agreement, the Reporting Person purchased shares of the Issuer's common stock (the (1) "Common Stock") and warrants to purchase shares of Common Stock in a registered offering (the "Offering") for an aggregate purchase price of \$100,000.06. The closing of the Offering occurred on April 10, 2017.

SKS Ocular I LLC directly owns the shares of Common Stock. On May 30, 2014, the Issuer completed an ophthalmology assets acquisition of SKS Ocular LLC and SKS Ocular I LLC. Pursuant to the acquisition agreement, among other things, SKS Ocular I LLC is eligible to receive additional shares of Common Stock in three contingent milestone payments. Milestones 1 and 2 have been met and the Issuer issued 497,859 shares of Common Stock to SKS Ocular I LLC on each of December 15, 2015 and July 18, 2016. The Reporting Person (2) has investment and voting power with respect to the Common Stock held by SKS Ocular I LLC. Therefore, the Reporting Person may be deemed to beneficially own the shares of

Common Stock beneficially owned by SKS Ocular 1 LLC. The Reporting Person disclaims any beneficial ownership of the Common Stock directly owed by SKS Ocular 1 LLC except to the extent of his pecuniary interest therein.

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.