SEC Form 4

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).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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OMB Number:	3235-0287								
Estimated average burden									
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1. Name and Addre	ss of Reporting Perso	'n*	2. Issuer Name and Ticker or Trading Symbol Outlook Therapeutics, Inc. [OTLK]		tionship of Reporting Pers all applicable) Director	son(s) to Issuer 10% Owner
(Last) (First) (Middle) C/O OUTLOOK THERAPEUTICS, INC. 7 CLARKE DRIVE (Street)		,	3. Date of Earliest Transaction (Month/Day/Year) 10/03/2019		Officer (give title below)	Other (specify below)
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person	
CRANBURY	NJ	08512			Form filed by More than Person	o One Reporting
(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)	xecution Date, Transaction any Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

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. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (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: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$1.4	10/03/2019		A		15,000		(1)	10/03/2029	Common Stock	15,000	\$0.00	15,000	D	
Stock Option (Right to Buy)	\$1.4	10/03/2019		A		60,893		(2)	10/03/2029	Common Stock	60,893	\$0.985 3	60,893	D	

Explanation of Responses:

1. The options were granted under the Issuer's 2015 Equity Incentive Plan (the "2015 Plan") and shall vest in full on the one year anniversary of the grant date, subject to the Reporting Person providing continuous service to the Issuer on such date and subject to acceleration upon a Change in Control as defined in the 2015 Plan.

2. The options were granted under the 2015 Plan in lieu of \$60,000 cash fees payable under the Issuer's non-employee Director compensation program and vest in four equal quarterly installments on the last day of each fiscal quarter such that they are vested in full on September 30, 2020, subject to the Reporting Person providing continuous service to the Issuer on such date and subject to acceleration upon a Change in Control as defined in the 2015 Plan.

Remarks:

/s/ Lawrence A. Kenyon, Attorney-in-Fact

** Signature of Reporting Person

10/07/2019

Date

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.