SEC Form 4													
FORM 4 UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Filed pursuar	NT OF CHANGES IN BENEFICIAL OWNE d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940						ES ES	OMB Number: 3235-028 Estimated average burden hours per response: 0				
1. Name and Address of Reporting Person [*] HILZINGER KURT J		2. Issuer Name and Ticker or Trading Symbol Outlook Therapeutics, Inc. [OTLK]						ationship of Repor (all applicable) Director	Reporting Person(s) to Issuer le) 10% Own				
(Last) (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/04/2023						Officer (give tit below)	e Other below	(specify /)			
C/O OUTLOOK THERAPEUTICS, INC. 485 ROUTE 1 SOUTH, BUILDING F, SUITE		4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indi ⁱ Line) X	,					
(Street) ISELIN NJ 08830	Dute	Dulo 10hE 1(a) Transaction Indication						Person					
(City) (State) (Zip)	Che	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contribute affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							ict, instruction or written plan that is intended to satisfy				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3) 2. Tran Date (Month)		ction 2A. Deemed Execution Date, if any (Month/Day/Year)		iction Instr.	4. Securities A Disposed Of (Acquired D) (Instr.	(A) or 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 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. 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)		I 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	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		Transaction(s) (Instr. 4)		
Stock Option (Right to Buy)	\$0.24	10/04/2023		A		286,670		(1)	10/04/2033	Common Stock	286,670	\$0.00	286,670	D	

Explanation of Responses:

1. 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, 2024, 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

10/05/2023

** Signature of Reporting Person

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.

Date