FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

UIVIB APPI	ROVAL
OMB Number:	3235-0287
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(n). See Instruction 1

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* <u>KENYON LAWRENCE A</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol Outlook Therapeutics, Inc. [ OTLK ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				Ou									CHECK	Direc	,		vner		
																er (give title			Other (specify
(Last)	(Fir	,	viiddle)			3. Date of Earliest Transaction (Month/Day/Year) 09/26/2024								Officer (give title Other (spe below) below)  Chief Financial Officer					
		IERAPEUTICS,			05/12	20/202										Jiioi i iiiai	iiciai v	Officer	
111 S. W	OOD AVE	NUE, UNIT #10	00		4 15	A		D-t-	- f O -ii	-1.51-	-l (M	0 /		0 I ali:	dali al ar			. (Ob l - A	E I-I -
(Street)					4. 17	Amena	iment,	Date (	of Origin	iai File	d (Month/Da	y/ Year		inaiv Line)	/idual of	r Joint/Grou	p Filing	J (Check A	ppiicable
ISELIN	NJ	0	8830											1		filed by On		•	
															Form Perso	filed by Mo on	re than	n One Repo	orting
(City)	(St	ate) (Ž	Zip)																
		Table	I - No	n-Deriva	ative	Secu	rities	Acc	quired	l, Dis	posed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					4 and Securi		cially I Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	Price	,	Transa	ction(s) 3 and 4)			(111501. 4)
Common Stock 09/26/20					2024			P		5,000	A	\$5.6	5892	92 5,946(1)			D		
		Tal	ole II -								osed of, convertib				Owne	d		,	
1. Title of Derivative Security (Instr. 3)  2. Conversio 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 Exercisab Expiration Date (Month/Day/Year)		ate	e Amount of		Der Sec (Ins	rice of ivative curity ctr. 5)	vative derivative securities		10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)
					Code								Amount or Number						

## **Explanation of Responses:**

1. Reflects the Issuer's 1-for-20 reverse stock split effected on March 13, 2024.

/s/ Lawrence Kenyon 0

09/30/2024

\*\* Signature of Reporting Person 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.