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FORM 4 UNITED STA					5 51			ington, D.C. 2			1331014		OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).								a) of the Secu			CMB Number: Estimated aver hours per response			verage burde	3235-0287 n 0.5		
transac contrac the pur securit to satis	chase or sale or ies of the issue ofy the affirmativ ons of Rule 10b	pursuant to a written plan for f equity that is intended ve defense															
1. Name and Address of Reporting Person [*] THURMAN RANDY H								ker or Trading eutics, Ind		(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
1	C/O OUTLOOK THERAPEUTICS, INC.					Date o /01/2		Tran	saction (Mont	h/Day/Year)		Officer (give title Other (specify below) below)				specify	
111 S. WOOD AVENUE, UNIT #100 (Street) ISELIN NJ (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							 6. Individual or Joint/Group Filing (Check Applicable Line) ✓ Form filed by One Reporting Person Form filed by More than One Reporting Person 					
	(0)	,		n-Deri	vativ	e Se	curitie	<u>ς</u> Δι	auired Di	sposed c	of or Be	neficial	ly Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				sactior	ction 2A. Deemed Execution Dat		ed 1 Date	3. Transactio	4. Securi			5. Amou Securitie Beneficia Owned F	nt of es ally following	Form (D) or (D) or (I) (In (I) (In (I) (In		7. Nature of Indirect Beneficial Dwnership	
							Code V	Amount	(A) oi (D)	^r Price	Reported Transact (Instr. 3 a	ion(s)	(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)	vative Conversion Date urity or Exercise (Month/Day/Yea		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivative Security	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 Indirec Beneficia Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$5.22	10/01/2024			A		56,636		(1)	10/01/2034	Common Stock	56,636	\$0	56,63	6	D	
Stock Option (Right to Buy)	\$5.22	10/01/2024			A		89,549		(2)	10/01/2034	Common Stock	89,549	\$0	89,54	19	D	

Explanation of Responses:

1. This option grant is an annual stock option grant under the Issuer's Non-Employee Director Compensation Policy and the Issuer's 2024 Equity Incentive Plan (the "2024 Plan") and shall fully vest on October 1, 2025, subject to the Reporting Person providing continuous service to the Issuer on such date. In addition, the shares underlying the options are subject to acceleration upon a Change in Control as defined in the 2024 Plan, subject to the Reporting Person providing continuous service to the Issuer immediately prior to such Change in Control.

2. This option grant was made under the 2024 Plan and shall fully vest on October 1, 2025, subject to the Reporting Person providing continuous service to the Issuer on such date. In addition, the shares underlying the options are subject to acceleration upon a Change in Control as defined in the 2024 Plan, subject to the Reporting Person providing continuous service to the Issuer immediately prior to such Change in Control.

<u>/s/ Lawrence Kenyon,</u> Attorney-in-Fact	10/03/2024			
** 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.