FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPRO	VAL
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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)

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* Gangloff Scott A.						2. Issuer Name and Ticker or Trading Symbol Oncobiologics, Inc. [ONS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				
	(Last) (First) (Middle) C/O ONCOBIOLOGICS, INC. 7 CLARKE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 11/09/2016									X	belov	v) ``	belo pment & Mf	v)`	
(Street) CRANBI (City))8521 Zip)		_ 4. If	Amen	dment	, Date	of Origina	al File	d (Month/Da	ay/Yea	ar)		. Individine) X	Form	n filed by One n filed by Mor	o Filing (Check e Reporting Pe re than One Re	rson
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (Instr. Di					d 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)				
								Code	v	Amount	(A) or (D)		Pric	, l	Transaction(s) (Instr. 3 and 4)			(1130.4)	
Restricted Stock Units ⁽¹⁾ 11/09/20				2016	016		С		115,942(2)(3)		D	\$0		0		D			
Common Stock 11/09/20				2016)16		M		115,942		A	(2)		115,942		D			
Common Stock 11/11/20				2016	016		S		37,369 ⁽⁴⁾ D		D	\$3	3.75		8,573	D			
	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) (Month/Day/Year) (Month/Day/Year)		on Date,	4. Transa Code (8)			6. Date Expirati (Month/	ion Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Shares		ount nber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. Granted pursuant to the Issuer's 2015 Equity Incentive Plan.
- 2. Each restricted stock unit ("RSU") represents the right to receive, at settlement, one (1) share of the Issuer's common stock.
- 3. The RSUs vest upon the first to occur of (x) a change of control as defined in the award agreement and (y) the expiration of the 6 month lock-up period following the Issuer's initial public offering, in each case subject to continued service through such event.
- 4. Represents the number of shares required to be sold by the reporting person to cover the tax withholding obligation in connection with the vesting of restricted stock units on November 9, 2016. This sale is mandated by the Issuer's election under its equity incentive plans to require the reporting person to fund this tax withholding obligation by completing a "sell to cover" transaction with a brokerage firm designated by the Issuer. This sale does not represent a discretionary trade by the reporting person.

Remarks:

/s/ Scott A. Gangloff 11/14/2016

** 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.