FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20040											
STATEMENT OF CHANGES IN BENEFICIAL OWN	IEDCUID										
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	OMB APPROVAL													
	OMB Number:		3235-028	8										
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37 Estimated average burden 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).

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*						2. Issuer Name and Ticker or Trading Symbol Oncobiologics, Inc. [ONS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
KENYON LAWRENCE A						Sicolorogico, inc. [Ono]										Direc	tor	1	O۱ %C	wner		
(1						2. Data of Farliagt Transaction (Month/Day/Year)									X Office below		er (give title v)		Other (specify below)			
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 12/21/2016									CFO and Secretary			7			
C/O ONCOBIOLOGICS, INC.						12/21/2010																
7 CLARKE DRIVE																						
					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)														L	ine)							
CRANBI	JRY N	п	08521												X	Form	n filed by One	e Reporting	Perso	on		
CIGIND					-											Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)																			
		Tab	le I - No	n-Deriv	<i>r</i> ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	efici	ally C)wne	ed					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution ay/Year) if any		cution Date,				ties Acquired (A) I Of (D) (Instr. 3, 4			4 and S		ount of ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price	, l	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock ⁽¹⁾			12/21	12/21/2016						50,000	000 ⁽²⁾ A		\$0	0.00 93,478		D					
		Ta									osed of, onvertib				y Ow	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transact					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Prio Deriva Secur (Instr.	ative derivative ity Securities 5) Beneficia Owned Following Reported	Following Reported Transaction	Owners Form: Direct (or Indir (I) (Inst	Ship (D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of									

Explanation of Responses:

- 1. This security represents restricted stock units. Each restricted stock unit represents a contingent right to receive one share of common stock of the Issuer.
- 2. The shares underlying this restricted stock unit award vests in two equal installments on each of December 21, 2017 and December 21, 2018, in each case subject to the Reporting Person's continuous service to the Issuer through each such date. In addition, 100% of the shares underlying the restricted stock unit award will satisfy the time-based vesting restrictions upon the occurrence of a change of control, subject to continued service through such event.

Remarks:

/s/ Lawrence Kenyon 12/22/2016

** 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.