FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

| ton, D.C. 20549 | OMB / |
|-----------------|-------|

| 3 , | OMB APPROVAL | | | | |
|--|----------------------|-----------|--|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | | | |
| | Estimated average by | urdon | | | |

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

| Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|------------------|-----------------------------------|--|--|--|--|-------------------------------------|--------|---|-----------------|---|---|--|--------------------|--|--|-----|
| HILZI | NGER KI | <u>ER KURT J</u> | | | | Outlook Therapeutics, Inc. [OTLK] | | | | | | | | Director | , | | 10% Ow | ner |
| (Last) | (E | iret) | (Middle) | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | Officer (below) | give title | | Other (s below) | pecify | | |
| (Last) (First) (Middle) C/O OUTLOOK THERAPEUTICS, INC. | | | | | 07/17/2020 | | | | | | | | , | | | , | | |
| 4260 US ROUTE 1 | | | | | | | | | | | | | | | | | | |
| 1200 00 100 011 1 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | Line) | Form fil | od by Ono | Dono | rting Person | |
| MONMO | N | J | 08852 | | | | | | | | | | ^ | | • | | One Report | |
| JUNCTI | UN | | | | | | | | | | | | | Person | ou 2)o | 0 111111 | One report | 9 |
| (City) | (5 | state) | (Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transact Date (Month/Day | | Execution if any | 2A. Deemed Execution Date, f any Month/Day/Year | | , Transaction Disposed Code (Instr. | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | and 5) Securities Beneficia Owned Fo | | s For | | : Direct I Indirect E str. 4) (| 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Reported Transaction (Instr. 3 au | on(s) | | 1 | Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| | | | (€ | e.g., put | s, cal | ls, warr | ants, | option | ıs, c | onverti | ble sec | uritie | s) | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Execution Date, Trity or Exercise (Month/Day/Year) if any C | | Code | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | e s I (A) sed str. | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 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 Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v v | (A) | | Date Exercisab | | xpiration ate | Title | Amo or Num of Si | | | (Instr. 4) | | | |
| Stock Option (Right to Buy) | \$1.58 | 07/17/2020 | | A | | 210,000 | | (1) | 0. | 7/17/2030 | Commor Stock | 210 | ,000 | \$0.00 | 210,00 | 00 | D | |

Explanation of Responses:

1. The options were granted under the Issuer's 2015 Equity Incentive Plan (the "2015 Plan") and shall vest in full on July 17, 2021, 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, subject to the Reporting Person providing continuous service to the Issuer through such event.

Remarks:

/s/ Lawrence A. Kenyon, 07/21/2020 Attorney-in-Fact

** 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.