FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| 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 |

OMB APPROVAL OMB Number:

0.5

Estimated average burden hours per response: 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* MCANDREW STEPHEN J | | | | | 2. Issuer Name and Ticker or Trading Symbol Oncobiologics, Inc. [ONS] | | | | | | | | | | Check | all app | o of Reportin blicable) ctor er (give title | 10 | 1% O | wner |
|--|---|--|--|------------------------------|--|---|---|---|-------------------------------------|--------|---------------------|---|-----------|---------|--|--|---|---|---|--|
| | (First) (Middle) COBIOLOGICS, INC. KE DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/21/2016 | | | | | | | | | X | below) SVP Bus. Str | | be | Other (specify below) rat. & Dev. | | |
| (Street) CRANBI (City) | URY N | J (| 08512 (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Line) X Form filed by One Form filed by More Person | | | | | | | | e Reporting | Perso | on | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Acc | quired | , Dis | posed o | f, o | r Bene | eficia | ally (| Owne | ed | | | |
| Date | | | | Date (Month/Day/Year) it | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | 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 (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (1113411 4) | |
| Common | Common Stock ⁽¹⁾ 12/2 | | | | /2016 | | | | | 30,000 |) ⁽²⁾ A | | \$0. | 0.00 | | 6,604 | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | Date, Transacti Code (Ins | | | | | 6. Date E Expiration (Month/I | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | \ , | (A) | | Date Evercisa | | Expiration | Title | Nun of | nber | | | | | | |

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, Attorney-in-Fact

12/22/2016

** Signature of Reporting Person

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.