FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
---------------	------------

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
_		_	_

OMB APPROVAL OMB Number: 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

					<u> </u>		311 00(11)			اه	July 7 101	0. 20.0							
1. Name and Address of Reporting Person* <u>Sukhtian Faisal Ghiath</u>				2. Issuer Name and Ticker or Trading Symbol Outlook Therapeutics, Inc. [OTLK]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
													X Directo	Director		10% Owner			
(Last)	•	irst) IERAPEUTICS,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/03/2019									Officer below)	(give title		Other (s below)	specify	
7 CLARKE DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) CRANBURY NJ 08512													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transa Date (Month/Da	Execution Date			Date	Code (Ins				Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
						Code V	,	Amount	ount (A) or (D)		Reported Transact (Instr. 3	saction(s) r. 3 and 4)			(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)	2. Conversion or Exercise Price of Derivative Security	Conversion Date (Month/Day/Year) Price of Derivative		Co	Transaction Code (Ins				6. Date Exercisa Expiration Date (Month/Day/Year		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$1.4	10/03/2019			A		15,000		(1)	10/	/03/2029	Common Stock	15,000	\$0.00	15,00	0	D		
Stock Option (Right to Buy)	\$1.4	10/03/2019			A		86,772		(2)	10/	/03/2029	Common Stock	86,772	\$0.9853	86,77	2	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 the one year anniversary of the grant date, 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.
- 2. The options were granted under the 2015 Plan in lieu of \$85,500 cash fees payable under the Issuers's non-employee Director compensation program and vest in four equal quarterly installments on the last day of each fiscal quarter such that they are vested in full on September 30, 2020, 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.

Remarks:

/s/ Lawrence Kenyon, Attorney-in-Fact

10/07/2019

** 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.