FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

hington,	D.C.	20549		
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wasnington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average bu	rden							
hours per response:	0.5							
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1. Name and Address of Reporting Person* <u>Haller Julia A</u>				2	2. Issuer Name and Ticker or Trading Symbol Outlook Therapeutics, Inc. [OTLK]								Relationship of eck all application X	,				
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/04/2023								Officer below)	(give title		Other (s below)	pecify	
C/O OUTLOOK THERAPEUTICS, INC.				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
485 ROUTE 1 SOUTH, BLDG F, SUITE 320													X Form filed by One Reporting Person					
(Street) ISELIN	N	J	08830										Form fi Person		e than	One Report	ing	
,				F	Rule	10b5-2	1(c)	Transa	ctic	n Indi	ication							
(City)	(S	tate)	(Zip)	[Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2. Transacti Date (Month/Day	Execution Date,		Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5		Beneficia Owned F	Form Sollowing (I) (Ir		: Direct I · Indirect E str. 4) (7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount (A) or (D)		Price	Reported Transact (Instr. 3 a	insaction(s) str. 3 and 4)			nstr. 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 (Instr. 3) Price of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) if any (Month/Day/Y		Code	Transaction Code (Instr.		Derivative		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)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)		Date Exercisable		piration ite	Amount or (Instr. 4) Or Number of Shares							
Stock Option (Right to Buy)	\$0.24	10/04/2023		A		210,225		(1)	10	/04/2033	Common Stock	210,225	\$0.00	210,22	25	D		

Explanation of Responses:

1. The options were granted under the 2015 Plan in lieu of \$44,000 cash fees payable under the Issuer'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, 2024, 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 A. Kenyon, 10/05/2023 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.