| SEC Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: 3235-0287 | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: 0. | | | | | | | | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | Filed purs | OF CHANGES | of the S | ecuriti | es Exchange | Act of 19 | _ | | Estima | lumber: ted average burg per response: | 3235-0287 den 0.5 |
|--|--|---|---|---------|------------------------------------|---------------|-----------------------|--|---------|---|---|
| 1. Name and Address of Reporting Person [*] Sukhtian Faisal Ghiath | 2. | Section 30(h) of the in Issuer Name and Ticke Jutlook Theraper | er or Tra | ading | Symbol | 1940 | | ationship of Re k all applicable Director | | g Person(s) to I 10% C | |
| (Last) (First) (Middle) C/O OUTLOOK THERAPEUTICS, INC. 4260 US ROUTE 1 | | Date of Earliest Transa 4/19/2021 | action (N | /lonth/ | 'Day/Year) | | | Officer (give below) | e title | Other below) | (specify |
| (Street) MONMOUTH JUNCTION NJ 08852 (City) (State) (Zip) | 4.1 | If Amendment, Date of | f Origina | l Fileo | d (Month/Day/ | Year) | 6. Indi Line) X | Form filed b | by One | Filing (Check / Reporting Pers | son |
| Table I - No | n-Derivative | e Securities Acqu | uired, | Dis | posed of, | or Ber | eficially | / Owned | | | |
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Yea | Execution Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Follov Reported | | 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 | Transaction(s (Instr. 3 and 4 | | | (1150.4) |
| Common Stock | 04/19/2021 | 1 | Р | | 10,000 | A | \$1.82 | 20,000 | | D | |
| Table II | Dorivotivo | Coourition Annui | rad D | lione | and of a | Dono | ficially | Owned | | | |

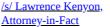
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 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) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:



04/20/2021

** 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.