FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-028							
Estimated average burden							
hours per response:	0.5						

<ul> <li>obligations may continue. See</li> <li>Instruction 1(b).</li> <li>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934</li> <li>or Section 30(h) of the Investment Company Act of 1940</li> </ul>											4		hours	per res	sponse:	0.5			
1. Name and Address of Reporting Person* <u>Auffarth Gerd</u>					2. Issuer Name and Ticker or Trading Symbol Outlook Therapeutics, Inc. [ OTLK ]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 03/29/2023								Officer below)	(give title	give title Other (below)		pecify	
C/O OUTLOOK THERAPEUTICS, INC. 485 ROUTE 1 SOUTH, BUILDING F, SUITE 320				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
(Street) ISELIN NJ 08830					-									Form filed by More than One Reporting Person					
(City)	Rule 10b5-1(c) Transaction Indication												l to						
		Tab	ole I - Nor	n-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or	Bene	ficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/E						action 2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 5)				5. Amour Securitie Beneficia Owned F	s ally ollowing	Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	()	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
		-	Table II -						uired, D s, option						Owned				
1. Title of Derivative Security (Instr. 3)	Conversion   Date   Execution Date,   Torright or Exercise   (Month/Day/Year)   If any   Conversion   Conve					sinsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)					ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	N o	lumber					

\$1.05

1. The options were granted under the Issuer's 2015 Equity Incentive Plan (the "2015 Plan") and shall fully vest on the earlier of (i) March 29,2024; or (ii) the date of the Issuer's next annual meeting of stockholders, in each case subject to the Reporting Person providing continuous service to the Issuer on such date. In addition, the shares underlying the options are 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 immediately prior to such Change in Control.

(1)

(A)

41,065

## Remarks:

Stock Option

Buy)

(Right to

/s/ Lawrence Kenyon, 03/31/2023 Attorney-in-Fact

\$0.00

41,065

D

\*\* Signature of Reporting Person Date

41,065

Common

Stock

03/29/2033

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

03/29/2023

\*\* 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.