DHILLON AVTAR S Form 4/A July 20, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

Number:

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obligations

may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person * **DHILLON AVTAR S**

2. Issuer Name and Ticker or Trading Symbol

Arch Therapeutics, Inc. [ARTH]

5. Relationship of Reporting Person(s) to

Issuer

(First)

(Middle)

3. Date of Earliest Transaction

X_ Director 10% Owner

(Check all applicable)

(Month/Day/Year) 07/19/2018

Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check

C/O ARCH THERAPEUTICS. INC., 235 WALNUT STREET, SUITE 6

> (Street) 4. If Amendment, Date Original

> > Filed(Month/Day/Year) Applicable Line)

07/20/2018

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

FRAMINGHAM, MA 01702

(City) (State) (Zip) 1. Title of 2. Transaction Date 2A. Deemed Security

3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8)

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Indirect Beneficial Ownership Owned (I) (Instr. 4) Following (Instr. 4)

Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

3. Transaction Date 3A. Deemed 6. Date Exercisable and 7. Title and Amount of 1. Title of 5. Number of (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date Underlying Securities** Derivative Conversion

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr.	8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy) (1) (2)	\$ 0.425	07/19/2018		A		220,000		<u>(3)</u>	07/18/2028	Common Stock	220,000

Reporting Owners

Relationships Reporting Owner Name / Address 10% Owner Officer Other Director DHILLON AVTAR S C/O ARCH THERAPEUTICS, INC. X 235 WALNUT STREET, SUITE 6 FRAMINGHAM, MA 01702

Signatures

Reporting Person

/s/ Avtar S. 07/20/2018 Dhillon **Signature of Date

Explanation of Responses:

- 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).
- The Amount or Number of shares of Common Stock listed in Column 7 of the reporting person's original Form 4 was inadvertently listed **(1)** as "200,000".
- The grants reported on this Statement of Changes in Beneficial Ownership on Form 4 were made in connection with that certain letter agreement dated July 19, 2018 by and between the reporting person and Arch Therapeutics, Inc. (the "Company") pursuant to which the reporting person was engaged as an advisor to the Company. The reporting person resigned from his position as a director of the Company effective as of 4:00 PM Eastern Time.
- (3) Of the Shares subject to this Grant, 1/12th shall on each of the next twelve (12) monthly anniversaries of the vesting commencement date. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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