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Check this box if no longer subject to Section 16. SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES SECURITIES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES IN BENEFICIAL OWNERSHIP OF SECURITIES IN SECURITIES IN SECURITIES IN SECURITIES IN SECURITIES								3235-0287 January 31, 2005 average rs per			
(Print or Type F	Responses)										
HILZINGER KURT J Symbol			ool	i i i i i i i i i i i i i i i i i i i				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Mi		3. Date of Earliest Transaction (Chec					k all applicable)			
(Month/E C/O OUTLOOK THERAPEUTICS, 12/26/2 INC., 7 CLARKE DRIVE							Officer (give title below) 10% Owner Officer (give title below) 0ther (specify below)				
Filed(Mor				nth/Day/Year) A				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
CRANBURY, NJ 08512											
(City)			Fable I - Non- 3.				uired, Disposed of				
1.Title of Security (Instr. 3)	(Month/Day/Year)	2. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)				equired l of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
			Code V	Amount	(D)	Price \$	(Instr. 3 and 4)				
Common Stock	12/26/2018		Р	5,714	А	0.54 (1)	48,227	D			
Common Stock	12/27/2018		Р	730	А	\$ 0.51 (2)	48,957	D			
Common Stock	12/28/2018		Р	11,910	A	\$ 0.52 (3)	60,867	D			

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

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 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)	4. Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HILZINGER KURT J C/O OUTLOOK THERAPEUTICS, INC. 7 CLARKE DRIVE CRANBURY, NJ 08512	Х						
Signatures							
/s/ Lawrence A. Kenyon, Attorney-in-Fact	12/2	8/2018					
**Signature of Reporting Person	D	late					

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).

(1) The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$0.4759 - \$0.5950, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote to this Form 4.

The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$0.45 - \$0.55, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the

(2) Social social

(3)

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The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$0.45 - \$0.5845, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote to this Form 4.

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.