Arch Therapeutics, Inc. Form 4

May 05, 2016

# FORM 4

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

OMB Number:

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

Form 5 obligations

may continue. See Instruction 1(b).

**SECURITIES** 

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person \* Norchi Terrence W

(First) (Middle)

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

FRAMINGHAM, MA 01702

(Street)

Arch Therapeutics, Inc. [ARTH]

4. If Amendment, Date Original

3. Date of Earliest Transaction (Month/Day/Year) 05/03/2016

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Issuer Symbol

(Check all applicable)

**OMB APPROVAL** 

Estimated average

burden hours per

Expires:

response...

3235-0287

January 31,

2005

0.5

\_X\_\_ Director \_X\_\_ 10% Owner X\_ Officer (give title \_ Other (specify below)

President & CEO

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially	6. Ownership Form:	7. Nature of Indirect Beneficial	
(======================================		(Month/Day/Year)	(Instr. 8)	(	,		Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)
					(A) or		Reported Transaction(s)	(I) (Instr. 4)	(======================================
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		
Common Stock (1)	05/03/2016		A	1,130,000	A	\$0	2,549,076 (2)	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)

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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. Transaction Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Stock Option (right to buy)	\$ 0.39	05/03/2016		A	1,250,000		(3)	05/02/2026	Common Stock	1,250,0

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
. 9	Director	10% Owner	Officer	Other			
Norchi Terrence W C/O ARCH THERAPEUTICS, INC. 235 WALNUT STREET, SUITE 6 FRAMINGHAM, MA 01702	X	X	President & CEO				

# **Signatures**

/s/ Terrence W.
Norchi

\*\*Signature of Reporting Person

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).
- Of the Shares subject to this grant, all are outside the 2013 Stock Incentive Plan (the "Plan") and 100% shall fully vest on the second (1) anniversary of the date of grant. In addition, in the event of a Change of Control (as such term is defined in the Plan) 100% of grant will immediately vest.
- (2) Excludes 10,000,000 shares of Common Stock of Twelve Pins Partnership, LLC with respect to which Dr. Norchi holds sole voting and investment control.
- (3) Of the Shares subject to this Grant, 25% shall vest immediately and 1/36 of the remaining shares shall vest on each of the next thirty-six (36) 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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