Norchi Terrence W Form 4 July 20, 2018

FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

obligations

may continue.

See Instruction

Form 5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

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January 31, 2005

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response...

SECURITIES

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).

(Print or Type Responses)

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

2. Issuer Name and Ticker or Trading Symbol

Arch Therapeutics, Inc. [ARTH]

5. Relationship of Reporting Person(s) to

Issuer

(First) (Last)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Check all applicable)

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

SUITE 6

(City)

(Month/Day/Year)

07/19/2018

_X__ Director X 10% Owner X_ Officer (give title _ Other (specify below)

President & CEO

(Street)

(State)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

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

FRAMINGHAM, MA 01702

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Ownership Indirect (I) (Instr. 4) (Instr. 4)

or Price (D)

(A)

Α

Transaction(s) (Instr. 3 and 4)

Common 07/19/2018 Stock (1)

Code V Amount A 360,000

\$0 $3,559,076 \stackrel{(2)}{=} D$

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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	D)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 0.425	07/19/2018		A	360,000	<u>(3)</u>	07/18/2028	Common Stock	360,000

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

Reporting Person

/s/ Terrence W.
Norchi

**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).
- Of the Shares subject to this grant, all are issued pursuant to the 2013 Stock Incentive Plan (the "Plan") and 100% shall fully vest on the second 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.
- 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.

Reporting Owners 2