#### Evanson Jeff Form 3 December 04, 2018 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB Number: **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF**

# **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

### OMB APPROVAL

3235-0104 January 31, Expires: 2005 Estimated average burden hours per 0.5 response...

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Evanson Jeff			<ul><li>2. Date of Event Requiring</li><li>Statement</li><li>(Month/Day/Year)</li></ul>	3. Issuer Name <b>and</b> Ticker or Trading Symbol Outlook Therapeutics, Inc. [OTLK]				
(Last)	(Last) (First) (Middle)		11/30/2018	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O OUTLOOK THERAPEUTICS, INC., 7 CLARKE DRIVE (Street) CRANBURY, NJ 08512			(Check all applicable) <u>X</u> Officer 10% Owner (give title below) (specify below) Chief Commercial Officer		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One			
(City)	(State)	(Zip)	Table I - I	ies Be	Reporting Person meficially Owned			
1.Title of Secu (Instr. 4)	ırity		2. Amount o Beneficially (Instr. 4)	of Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na	ture of Indirect Beneficial ership	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)   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 control number. SEC 1473 (7-02)								
	Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D)	

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Shares	or Indirect
	(I)
	(Instr. 5)

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
, , , , , , , , , , , , , , , , , , ,	Director 10% Owner		Officer	Other			
Evanson Jeff C/O OUTLOOK THERAPEUTICS, INC. 7 CLARKE DRIVE CRANBURY, NJ 08512	Â	Â	Chief Commercial Officer	Â			
Signatures							
/s/ Lawrence Kenyon, Attorney-in-Fact	12/04/20	18					
**Signature of Reporting Person	Date						
Explanation of Responses:							

### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).

## Â

### **Remarks:**

Exhibit List - Exhibit 24 - Power of Attorney No securities beneficially owned

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.