

Arch Therapeutics, Inc.
Form 3
August 20, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â SULAT JAMES R		(Month/Day/Year)	Arch Therapeutics, Inc. [ARTH]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		08/19/2015		
C/O ARCH THERAPEUTICS, INC.,Â 235 WALNUT ST., SUITE 6			(Check all applicable)	
(Street)			<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (specify below)	
FRAMINGHAM,Â MAÂ 01702			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	727,823	I	See Footnote ⁽¹⁾

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.

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 Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (2)	06/18/2023	Common Stock	30,000	\$ 0.37	D	Â
Series D Warrant to Purchase Common Stock	06/30/2015	06/30/2020	Common Stock	454,546	\$ 0.25	I (1)	See Footnote (1)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SULAT JAMES R C/O ARCH THERAPEUTICS, INC. 235 WALNUT ST., SUITE 6 FRAMINGHAM, MA 01702	Â X	Â	Â	Â

Signatures

/s/ James R. Sulat 08/20/2015

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Held indirectly by the Keyes Sulat Revocable Trust, of which Mr. Sulat and his spouse are the trustees and the members of Mr. Sulat's immediately family are the beneficiaries.
33.3% of the shares subject to the option vested on July 1, 2014, and 1/24th of the remaining unvested shares vest monthly thereafter, with all shares underlying the option subject to automatic acceleration of vesting upon a Corporate Transaction or Change in Control (as such terms are defined under the Issuer's 2013 Stock Incentive Plan). To the extent vested, the reporting person must exercise the stock option during the 2018 calendar year, unless the Issuer undergoes a Corporate Transaction or Change in Control which also constitutes a "change in the ownership or effective control, or in the ownership of a substantial portion of the assets" (within the meaning of Code Section 409A) of the Company in a calendar year earlier than 2018, in which case the option must be exercised during such earlier calendar year.

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Remarks:
 ExhibitÂ ListÂ ExhibitÂ 24Â -Â PowerÂ ofÂ Attorney

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.