longer subject to

Section 16. Form 4 or

Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per response..

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Respo	onses)										
1. Name and Address of Reporting Person - ROSENTHAL ARTHUR L			2. Issuer Na Symbol Arch Thera				Č	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) (First) (Middle) C/O ARCH THERAPEUTICS, INC., 20 WILLIAM STREET, SUITE 270			3. Date of Earliest Transaction (Month/Day/Year) 01/22/2015					Officer (give title Other (specify below)			
(Street) WELLESLEY, MA 02481			4. If Amendr Filed(Month/D		e Oı	riginal		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (Zip)		Table I -	Non-De	riva	tive Secur	ities Acqui	ired, Disposed of, or l	Beneficially (Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execu any	tion Date, if			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report or directly or indirectly		ach cla	ss of securitie	Code es benefic	V	Amount	(D) Price		(msu. 1)		
					ini re	formation quired to	n containe respond	nd to the collection ed in this form are r unless the form dis control number.	not	SEC 1474 (9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned $(\textit{e.g.}, \texttt{puts}, \texttt{calls}, \texttt{warrants}, \texttt{options}, \texttt{convertible} \ \texttt{securities})$

1. Title of			3A. Deemed	4.				6. Date Exe		7. Title and			9. Number of		11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transac	tıon	Derivative	•	Expiration I	Date	of Underly	ıng	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day	/Year)	Securities		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired	(A)			(Instr. 3 and	d 4)	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					or Dispos	ed						Owned	Security:	(Instr. 4)	
	Security					of (D)							Following	Direct (D)		
	•					(Instr. 3, 4	1,						Reported	or Indirect		
						and 5)							Transaction(s)	(I)		
						,					Amount		(Instr. 4)	(Instr. 4)		
								Date	Expiration		or			ĺ		
								Exercisable		Title	Number			1		
				Code	V	(A)	(D)				of Shares					
Stock																
Option										Common				ĺ		
	\$ 0.19	01/22/2015		Α		100,000		<u>(1)</u>	01/21/2025	Stock	100,000	\$0	100,000	D		
(right to										Stock						
buy)																

Reporting Owners

	Donostino Como en Novo / Adduse	Relationships						
Reporting Owner Name / Address		Director	10% Owner	Officer	Other			
2	ROSENTHAL ARTHUR L C/O ARCH THERAPEUTICS, INC. 20 WILLIAM STREET, SUITE 270 WELLESLEY, MA 02481	X						

Signatures

/s/ Arthur L. Rosenthal	01/22/2015
**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 Option, 1/12 shall vest immediately and the remaining unvested Shares subject to Option shall vest 1/12 on each of the next eleven (11) 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.