# FORM 4

Check this box if no 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

OMB APPROVAL
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#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* DAVIS RICHARD E				2. Issuer Name and Ticker or Trading Symbol Arch Therapeutics, Inc. [ARTH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O ARCH THERAPEUTICS, INC., 235 WALNUT STREET, SUITE 6				3. Date of Earliest Transaction (Month/Day/Year) 12/20/2019				X	X Officer (give title below) Other (specify below)  CFO & Treasurer				)	
FRAMIN	NGHAM, N	(Street) MA 01702		4. If Am	endment, D	ate Orig	rinal Filed(Mo	nth/Day/Year)	_X_:	Form filed by 0	One Reporting P	Filing(Check A Person Reporting Person	pplicable Line	
(Ci	ty)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu			es Acquired,	uired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year		eemed tion Date, if	Code (Instr.	(A	Securities Acq A) or Disposed onstr. 3, 4 and 5)	of (D) Owr Tran	ned Followin saction(s)	ecurities Berng Reported	. (C	Ownership Form:	7. Nature of Indirect Beneficial Ownership
				(WIOIII	ii/Day/Tear	Cod	le V A	(A) or (D)	Price	or (I)		r Indirect		
Reminder:	Report on a s	separate line for each	n class of securities b	eneficial	ly owned di	rectly or	Persons in this f	s who respon orm are not r ntly valid OMI	equired to	respond u				474 (9-02)
Reminder:	Report on a s	separate line for each		- Deriva	tive Securit	ies Acq	Persons in this f a currer uired, Dispo	orm are not rantly valid OMI	equired to B control n eficially Own	respond u umber.				474 (9-02)
1. Title of		3. Transaction Date (Month/Day/Year)	Table II  3A. Deemed Execution Date, if	- Deriva (e.g., pu 4. Transact Code	tive Securit uts, calls, w 5. Num ion Derivan Securit Acquir	ies Acq arrants, ber of ive ies ed (A) osed of	Persons in this f a currer uired, Dispo, options, coi 6. Date Exe Expiration I (Month/Day	orm are not rently valid OMI sed of, or Beneavertible securicisable and Date	equired to B control n eficially Own	respond u umber. ned Amount	8. Price of		Ownersh Form of Derivativ Security: Direct (E or Indire	11. Nation of Indirection Benefic Owners (Instr. 4
Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II  3A. Deemed Execution Date, if any	- Deriva (e.g., pu 4. Transact Code	5. Num Jorivan Securit Acquir or Disp (D) (Instr. 1	ies Acq arrants, ber of ive ies ed (A) osed of	Persons in this f a currer uired, Dispo, options, coi 6. Date Exe Expiration I (Month/Day	orm are not rently valid OMI sed of, or Benericisable and Date ///Year)  Expiration	equired to B control n eficially Own ities)  7. Title and of Underlyi Securities	respond u umber. ned Amount	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	Ownersh Form of Derivativ Security: Direct (E or Indire	11. Nat of Indin Benefic Owners (Instr. 4

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
DAVIS RICHARD E C/O ARCH THERAPEUTICS, INC. 235 WALNUT STREET, SUITE 6 FRAMINGHAM, MA 01702			CFO & Treasurer		

## **Signatures**

/s/ R	ichard E. Davis	12/23/2019
**Signat	ure 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).
- The Shares subject to the Option, 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 commencement (1) date. Such shares will remain exercisable for 365 days after written notice of termination by either party. In the event of a Change of Control (as such term is defined in the Plan) all Options subject to this grant will immediately vest.

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.