## FORM 4

(Print or Type Responses)

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average	burden				

0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

1. Name and Address of Reporting Person \*

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

hours per response...

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

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

2. Issuer Name and Ticker or Trading Symbol

Norchi Terrence W				Arc	Arch Therapeutics, Inc. [ARTH]  3. Date of Earliest Transaction (Month/Day/Year) 09/27/2021					(Check all applicable)X_ Director10% Owner					
C/O ARCH THERAPEUTICS, INC., 235 WALNUT STREET, SUITE 6  (Street)  FRAMINGHAM, MA 01702										X Officer (give title below) Other (specify below)  President, CEO and Director					
			4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(Ci		(State)	(Zip)				Table	I - Non-De	rivative Secu	ities Acqui	red, Disposed of	, or Benefic	cially Owned		
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Y	ear) E	ıy	on Date, if		(	4. Securities A (A) or Dispose (Instr. 3, 4 and	d of (D) (5) T	Amount of Sec Owned Following Transaction(s) Instr. 3 and 4)		C F I	Ownership of Form: Direct (D) or Indirect	Beneficial Ownership
							Coc	le V	Amount (A)				\ \	I) Instr. 4)	
1. Title of 2. 3. Transaction Derivative Conversion Date Secution Date, if				II - De (e., 4. Transs Code	Transaction Derivative E Code Securities E			Persor this for curren uired, Disp , options, co	rm are not retly valid OM  osed of, or Be onvertible sec ercisable and Date	equired to B control reficially Ourities)  7. Title a	and Amount of ng Securities	8. Price of Derivative Security (Instr. 5)	9. Number of		Beneficial Ownership (Instr. 4)
				Code	e V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s (Instr. 4)		
Stock Option (right to buy)	\$ 0.1028	09/27/2021		A		1,000,000	0	(1)	09/26/203	Commo Stock	11.000.000	\$ 0	1,000,000	D	
ouy)															

Other

### **Signatures**

Norchi Terrence W

**Reporting Owners** 

Reporting Owner Name / Address

C/O ARCH THERAPEUTICS, INC.

235 WALNUT STREET, SUITE 6 FRAMINGHAM, MA 01702

/s/ Terrence Norchi	09/30/2021	
**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).

10%

Owner

Director

X

Relationships

President, CEO and Director

Officer

- The option was granted pursuant to the Issuer's 2013 Stock Incentive Plan (the "Plan"). The option shall vest equally on each of the first 36 month anniversaries of the grant date, subject to (1) continued service to the Issuer through each vesting date. In the event of a Change of Control (as such term is defined in the Plan), 100% of the number of unvested shares then subject to the option shall accelerate and become immediately exercisable.
- The option was granted pursuant to the Plan. 1/3 of the option vested on the grant date and the remainder of the option shall vest equally on each of the first 24 month anniversaries of the grant (2) date, subject to continued service to the Issuer through each vesting date. In the event of a Change of Control (as such term is defined in the Plan), 100% of the number of unvested shares then subject to the option shall accelerate and become immediately exercisable.

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.