FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Ty	pe Response	s)													
1. Name and Address of Reporting Person * DHILLON PUNIT				2. Issuer Name and Ticker or Trading Symbol Arch Therapeutics, Inc. [ARTH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner				
(Last) (First) (Middle) C/O ARCH THERAPEUTICS, INC., 235 WALNUT STREET, SUITE 6				3. Date of Earliest Transaction (Month/Day/Year) 09/27/2021						Officer (give	title below)	Othe	(specify below)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
FRAMIN	NGHAM, N	MA 01702								_	To fill filed by More than One Reporting Person				
(Cit	y)	(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year			Execution Date, if Code			8) (A	Securities Acq A) or Disposed onstr. 3, 4 and 5) (A) or (D)	Ow Tra (Ins		I		Ownership Form:	Beneficial Ownership		
Reminder:	Report on a s	separate line for each	n class of securities b	- Deriva	ıtive	e Securities	Acq	Persons in this f a currer uired, Dispo	s who respon orm are not ro tly valid OMB sed of, or Bene evertible secur	equired to B control r eficially Ow	respond ι number.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			4. Transaction Code		5. Number of		6. Date Exercisable and Figure 1. Tit Expiration Date (Month/Day/Year) Secur (Instr		7. Title and of Underly Securities (Instr. 3 an	ing		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form of Derivativ Security: Direct (D or Indirect	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (right to buy)	\$ 0.1028	09/27/2021		A		250,000		(1)	09/26/2031	Commor Stock	250,000	\$ 0	250,000	D	
Stock Option (right to buy)	\$ 0.1028	09/27/2021		A		250,000		(2)	09/26/2031	Commor Stock	250,000	\$ 0	250,000	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DHILLON PUNIT C/O ARCH THERAPEUTICS, INC. 235 WALNUT STREET, SUITE 6 FRAMINGHAM, MA 01702	X					

Signatures

/s/ Punit Dhillon	09/30/2021
**Signature of Reporting Person	Date

Explanation of Responses:

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- 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 (2) grant 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.