### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL Washington, D.C. 20549 OMB 32:

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

OMB 3235-Number: 0287 Expires: November 30, 2011 Estimated average burden hours per response... 0.5

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 Respo	onses)									
Name and Addres     Barber Alan	2. Issuer Na Symbol Arch Thera				Ü	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
C/O ARCH THE INC., ONE BRO FLOOR		3. Date of Ea (Month/Day/ 09/09/2013	Year)	nsac	etion		_X_ Officer (give title Other (specify below) below) Chief Financial Officer			
CAMBRIDGE, N		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			
(City)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		any	tion Date, if	ion Date, if Transaction Code (Instr. 8)		4. Securi Acquired Disposed (Instr. 3,	d (A) or d of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report or directly or indirectly	n a separate line for ea	ach clas	ss of securities	Code es benefic	Pe in	ersons v formatio	vho respo	and to the collection led in this form are r	not	SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

Transaction 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amount of 8. Price of 9. Number of 10.

Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if	Code	tion			Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)		Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Employee Stock Option (right to buy)	\$ 0.4	09/09/2013		A		125,000		<u>(1)</u>	09/09/2023	COMMON STOCK	125,000	\$0	125,000 (2)	D	

currently valid OMB control number.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Barber Alan C/O ARCH THERAPEUTICS, INC. ONE BROADWAY, 14TH FLOOR CAMBRIDGE, MA 02142			Chief Financial Officer					

#### **Signatures**

/s/ Alan T. Barber	09/10/2013
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).
- The vesting period of the shares underlying the option commenced on the date of grant, with 25% of the shares vested immediately on the (1) date of grant, 25% of the shares to vest 12 months following the date of grant, and the remaining 50% of the shares to vest thereafter in equal installments on each monthly anniversary of the date of grant.

(2) Does not include an option held by the reporting person to purchase 225,000 shares of the Issuer's common stock at an exercise price of \$0.37 per share that expires on June 18, 2023.

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.