Instruction 1(b).

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

(FIIII OI I	ype Kesponse	zs)															
Name and Address of Reporting Person * Norchi Terrence W				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 X 10% Owner				
(Last) (First) (Middle) C/O ARCH THERAPEUTICS, INC., 235 WALNUT STREET, SUITE 6				3. Date of Earliest Transaction (Month/Day/Year) 02/03/2017)		X Officer (give title below) Other (specify below) President & CEO				
(Street) FRAMINGHAM, MA 01702				4. If Amendment, Date Original Filed(Month/Day/Year)							ear)		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)			Ta	able I -	Non-Do	erivati	ive Sec	urities	Acquire	l, Disposed	of, or Bene	eficially Own	ed	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, in any (Month/Day/Year		Date, if		saction 8)	(A)	. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)		of (D) Ov Tr	5. Amount of Securities Benefic Owned Following Reported Transaction(s)			Ownership Form:	Beneficial	
					//Year)	Code	e V	Am	(A) or Amount (D)		Price	astr. 3 and 4)	1)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock (1) 02/03/2017					A	A		650,000 A		\$ 0 3,	3,199,076 ⁽²⁾			D			
			Table II -					form	n disp ispose	olays a	curre	ently vali	d OMB co		d unless th ber.	e	
1. Title of Derivative Security (Instr. 3)	Conversion	se (Month/Day/Year)	3A. Deemed Execution Date, if	4. 5. Nui Transaction Derive Code Securi (Instr. 8) Acqui or Dis of (D) (Instr.		5. Num	aber of tive ies ed (A) oosed	options, convertible secur 6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownersh Form of Derivativ Security: Direct (D or Indirec	Ownershi (Instr. 4)	
				Code	V	(A)	(D)	Date Exercis		Expirat Date	ion	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock													n (50,000				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Norchi Terrence W C/O ARCH THERAPEUTICS, INC. 235 WALNUT STREET, SUITE 6 FRAMINGHAM, MA 01702	X	X	President & CEO				

Signatures

/s/ Terrence W. Norchi	02/06/2017
**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).
- (1) Of the Shares subject to this grant, all are issued pursuant to the 2013 Stock Incentive Plan (the "Plan") and 100% shall fully vest on the second anniversary of the date of grant. In addition, in the event of a Change of Control (as such term is defined in the Plan) 100% of grant will immediately vest.
- (2) Excludes 10,000,000 shares of Common Stock of Twelve Pins Partnership, LLC with respect to which Dr. Norchi holds sole voting and investment control.
- (3) Of the Shares subject to this Grant, 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 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.