FORM 4

may continue. See Instruction 1(b).

(Print or Type Responses)

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

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

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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 * SULAT JAMES R				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) 07/19/2018								Officer (give	e title below)		her (specify	below)			
(Street)				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								
FRAMINGHAM, MA 01702 (City) (State) (Zip)																			
(Cit	(y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired,							d, Disposed of, or Beneficially Owned								
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day		n Date, if	(Instr. 8		(A	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form:		7. Nature of Indirect Beneficial			
					y/Year)	Cod	le.	V	Amount (D)		Price	(Instr. 3 and 4)			Direct (I or Indire (I) (Instr. 4)	irect (In	wnership nstr. 4)		
Common	Stock (1)		07/19/2018				A		+	10,000	_ ` /	\$ 0	+	,000 (2)			D		
			Table II -						ed, Dispo	sed of,	or Bene	eficially			ntrol num	ber.			
1. Title of	<u> </u>	2 Tuomanatian		0/1	s, ca			_	Data Ev				a a m d	Amount	O Duina of	9. Number	of 10.		11. Natui
	ve Conversion Date Execution Date, if Transaction Derivative or Exercise (Month/Day/Year) any Code Securities Expiration Date (Month/Day/Year)			of Uno Securi (Instr.	derlyi ities	ng		Derivative Securities Beneficial Owned Following Reported Transactio	Owne Form Deriva Securi Direct or Ind n(s) (I)	of vative rity: et (D) direct	of Indire Beneficia								
				Code	v	(A)	(D)	E	ate xercisabl	Expira e Date	ation	Title		Amount or Number of Shares		(Instr. 4)	(Inst	. 4)	
Stock Option (right to buy)	\$ 0.425	07/19/2018		A		110,00	00		(3)	07/18	8/2028	Comi		110,000	\$ 0	110,000)	D	

Reporting Owners

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

Signatures

/s/ James R. Sulat	07/19/2018
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 (i) 922,267 shares owned by the Keyes Sulat Revocable Trust; (ii) 41,666 shares owned by the Brenna Keyes Sulat Irrevocable Trust; and (iii) 41,666 shares owned by the Nathaniel Keyes Sulat Irrevocable Trust. Mr. Sulat and his spouse are the co-trustees of each trust, and the members of Mr. Sulat's family are the beneficiaries.
- (3) Of the Shares subject to this Grant, 1/12th shall vest on each of the next twelve (12) 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.