FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ck this box if no longer su ion 16. Form 4 or Form 5	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

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obligations may continue. See
Instruction 1(b)

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

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1. Name and Address of Reporting Person* ARMISTICE CAPITAL, LLC (Last) (First) (Middle 1510 MADISON AVENUE 22ND FLOOR (Street) NEW YORK NY 10022 (City) (State) (Zip) Table I - I 1. Title of Security (Instr. 3) Common Stock Common Stock Common Stock					Issuer Name and Ticker or Trading Symbol AIN THERAPEUTICS INC [PTIE]					5. Relationship of Report (Check all applicable) Director		olicable)	ing Person(s) to Is							
510 MAI	DISON AV	,	(N)	Middle)		Date of /16/20		st Tra	nsactio	n (Mo	nth/Day/Year)				Offic belov	er (give title w)		Other below	(specify /)
-	DRK N	Y	1	0022		4. 1	f Amen	dment,	, Date	e of Orio	ginal F	Filed (Month/Da	ay/Year)		6. Ind Line)	Forn	r Joint/Grount In filed by Or In filed by Mo Ion	ne Rep	oorting Per	son
(City)	(S	itate)	(Z	Zip)																
			Table	e I -	Non-Deriv	ative/	Sec	uritie	s A	cquir	ed, [Disposed o	f, or E	3enefi	cially	Owne	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/		2A. Deemed Execution Date, if any (Month/Day/Year)		·	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 9		5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	(A) or (D)	Price		Report Transa (Instr. 3	ed ction(s) 3 and 4)			(Instr. 4)
Common	Stock				08/16/20	18				S		1,200,000	D	\$1.01	. <mark>85</mark> (3)	2,2	20,000]	D ⁽¹⁾	
Common	Stock				08/16/20	18				S		0	D	\$	0	2,2	20,000		I	See Footnote ⁽²⁾
Common	Stock				08/16/20	18				S		0	D	\$	0	2,2	20,000		I	See Footnote ⁽²⁾
Common	Stock				08/17/20	18				S		48,000	D	\$0.95	17 ⁽⁴⁾	2,1	72,000]	D ⁽¹⁾	
Common	Stock				08/17/20	18				S		0	D	\$	0	2,1	72,000		I	See Footnote ⁽²⁾
Common	Stock				08/17/20	18				S		0	D	\$	0	2,1	72,000		I	See Footnote ⁽²⁾
Common	Stock				08/20/20	18				S		8,000	D	\$0.9	068	2,10	64,000]	D ⁽¹⁾	
Common	Stock				08/20/20	18				S		0	D	\$	0	2,10	64,000		I	See Footnote ⁽²⁾
Common	Stock				08/20/20	18				S		0	D	\$	0	2,10	64,000			See Footnote ⁽²⁾
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	n Date e (Month/Day/Year)	Executif any	eemed ution Date,	4. Trans	action (Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	mber rative rities ired r osed)	6. Date Exc Expiration (Month/Date		ercisable and Date	_		Deriva Secur (Instr.			y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)	Date Exer	cisabl	Expiration be Date	Title	Amoun or Numbe of Shares						
	d Address o						_]													

	CAPITAL, LLC						
(Last)	(First)	(Middle)					
510 MADISON AVENUE							
22ND FLOOR							
(Street)			-				
NEW YORK	NY	10022					
(City)	(State)	(Zip)					
		•					

1. Name and Addres	ss of Reporting Pers	son [*]	
Armistice Ca	<u>pital Master F</u>	<u>'und Ltd.</u>	
(I pot)	(Firet)	(A Aiddia)	_
(Last)	(First)	(Middle)	
C/O DMS CORI			
20 GENESIS CI	LOSE, P.O. BOX	. 314	
(Street)			_
GRAND	E9	KY1-1104	
CAYMAN	E9	K11-1104	
-			_
(City)	(State)	(Zip)	
1. Name and Addres	ss of Reporting Pers	son [*]	
Boyd Steven			
			_
(Last)	(First)	(Middle)	
C/O ARMISTIC	E CAPITAL, LI	LC	
510 MADISON	AVENUE, 22NI) FLOOR	
			_
(Street)			
NEW YORK	NY	10022	
			_
(City)	(State)	(Zip)	

Explanation of Responses:

- 1. The reported securities are directly owned by Armistice Capital Master Fund Ltd.
- 2. The reported securities are directly owned by Armistice Capital Master Fund Ltd., a Cayman Islands corporation, and may be deemed to be indirectly beneficially owned by Armistice Capital, LLC, as the investment manager of Armistice Capital Master Fund Ltd. The reported securities may also be deemed to be indirectly beneficially owned by Steven Boyd as Managing Member of Armistice Capital, LLC and Director of Armistice Capital Master Fund Ltd. Armistice Capital, LLC and Steven Boyd disclaim beneficial ownership of the reported securities except to the extent of their respective pecuniary interest therein, and this report shall not be deemed an admission that either of them are the beneficial owners of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.
- 3. This constitutes the weighted average sale price. The prices range from \$0.9851 to \$1.0677. The Reporting Person will provide upon request by the Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 4. This constitutes the weighted average sale price. The prices range from \$0.9091 to \$0.9998. The Reporting Person will provide upon request by the Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

Armistice Capital LLC, By: /s/

Steven Boyd, Managing 08/20/2018

<u>Member</u>

Armistice Capital Master Fund

<u>Ltd. By: /s/ Steven Boyd,</u> <u>08/20/2018</u>

<u>Director</u>

<u>/s/ Steven Boyd</u> <u>08/20/2018</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.