FORM 4

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

OMB APP	ROVAL
DMB Number:	3235-0287
Estimated averag	
ours per respon	se 0.5

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)																	
Name and Address of Reporting Person * Avgerinos George					2. Issuer Name and Ticker or Trading Symbol Fortress Biotech, Inc. [FBIO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) SVP, Biologics Operations						
(Last) (First) (Middle) C/O FORTRESS BIOTECH, INC., 3 COLUMBUS CIRCLE, 15TH FLOOR			٦	3. Date of Earliest Transaction (Month/Day/Year) 09/02/2015															
(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						
NEW YO	ORK, NY U	IS 10019										Form filed by More than One Reporting Person							
(City))	(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) Ex	A. Deemed xecution Date, if ny Month/Day/Year)		Code (Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		ed of	of (D) Bend S) Repo		. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4)			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Cada			or	D.,	:				(I)	(======================================		
Common \$0.001	Stock, par	value	09/02/2015	5			Code	V	24,900		\$ 2.5	ice 98	258,176			(Instr. 4)			
Common \$0.001	Stock, par	value	09/03/2015	5			D		18,200	D	(1) \$ 2.5 (2)	84	239,976	<u> </u>		D			
			Tabl		rivative Secu		ies Acquire	the d, D	form dis	splays	s a co Benef	urre ficial	ntly valid	d OMB co	espond un ntrol numb		02)		
Security (Instr. 3)	Conversion	3. Transactic Date (Month/Day.	Year) Execut	eemed tion Date	g., puts, calls, 4. c, if Transacti Code ear) (Instr. 8)	ion	5. Number of	6. I and	Date Exer Expirati	te Exercisable set te Exercisable expiration Date th/Day/Year)		7. Ti Amo Und Secu	ount of Deriva		•	Owners Form o Derivat Security Direct (or Indir	Owners (Instr. 4) (D) rect		
					Code	V	(A) (D)	Dat Exe	te ercisable	Expira Date	ation	Title	Amount or Number of Shares	or Number of					
Repor	ting O	wners																	
Reporting Owner Name / Address Director				Relationships															
			Director	10% Owner	wner Officer			Other			ner								
	TRESS BI	OTECH, IN				5	SVP, Biol	ogic	s Opera	tions									

Explanation of Responses:

/s/ S. Halle Vakani, Attorney-in-Fact

**Signature of Reporting Person

NEW YORK, NY US 10019

Signatures

- * 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).

09/04/2015

Date

- This transaction was executed in multiple trades at prices ranging from \$2.575 to \$2.71. The price reported in Column 4 is a weighted average price. The reporting person (1) hereby undertakes to provide upon request to the SEC staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the trades were effected.
- This transaction was executed in multiple trades at prices ranging from \$2.55 to \$2.63. The price reported in Column 4 is a weighted average price. The reporting person (2) hereby undertakes to provide upon request to the SEC staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the trades were effected.

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.