FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
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	es)														
1. Name and Address of Reporting Person * ROSENWALD LINDSAY A MD				2. Issuer Name and Ticker or Trading Symbol Fortress Biotech, Inc. [FBIO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) 2 GANSEVOORT STREET, 9TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 11/06/2017							X Officer (give title below) Other (specify below) PRESIDENT, CEO					
(Street) NEW YORK, NY 10014				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) (State) (Zip)				Table I - Non-Derivative Securities Acqui						cquir	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, i	Code (Instr.		(A (E	4. Securities Acc (A) or Disposed (D) (Instr. 3, 4 and 5		of Benef Repor		Amount of Securities reficially Owned Following ported Transaction(s) str. 3 and 4)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
						Code	e	V A	mount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
REDEEM	A CUMUL IABLE PE RED STO	RPETUAL	11/06/2017			P		40	0,000	A	\$ 25	40,000			D	
Reminder: indirectly.	Report on a	separate line for	each class of secur	ities benefic	ially ov	vned dire	Per	rsons ntaine	d in t	his for	m are	not req	ction of in uired to re	spond un	ess	EC 1474 (9- 02)
			Table II - Do	erivative Se g., puts, cal		-		•				y Owned				
1. Title of 2. 3. Transaction 3A. Deemed 4. Execution Date, if Tra		e, if Transa Code	ction of I	5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		Date	Amor Unde Secur	tle and unt of crlying rities : 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	ve Ownership : (Instr. 4) O)		
				Code	V	(A) (D)	Ex	ate xercisal		piration te	Title	or Number of Shares				
_																

Reporting Owners

Reporting Owner Name / Address	Relationships							
Toporting of the Figure 1	Director	10% Owner	Officer	Other				
ROSENWALD LINDSAY A MD 2 GANSEVOORT STREET, 9TH FLOOR NEW YORK, NY 10014	X	X	PRESIDENT, CEO					

Signatures

/s/ Lindsay A. Rosenwald, M.D.	11/08/2017
**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).

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.