FORM 4

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

OMB APPROVAL				
MB Number:	3235-0287			
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ours per response	9 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 Type Responses) 1. Name and Address of Reporting Person *- WEISS MICHAEL S (Last) (First) (Middle) C/O FORTRESS BIOTECH, INC., 2 GANSEVOORT STREET, 9TH FLOOR (Street) NEW YORK, NY 10014			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						
			2	Date of Earliest Transaction (Month/Day/Year) 01/01/2017 4. If Amendment, Date Original Filed(Month/Day/Year)						A_ Director					
														Line)	
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						Acquire	L tired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)				2A. Deemed Execution Date, if any (Month/Day/Year		(Instr. 8)		4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		Beneficially Reported Tr (Instr. 3 and		of Securities y Owned Following ransaction(s) 1 4)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code		Amount	(D)	Price				(Instr. 4)	
Common	Stock, par	value \$0.001	01/01/2017			A		1)	A	\$ 0 8	,001,170			D	
			Table II - I				contai form d	isplays a	is for a curr r Bene	m are no ently va eficially (ot require ilid OMB o	d to respo	ond unless mber.	the	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, i	4. Transaction Code	5. Non of Der Sec Acc (A) Disjor (Arrants, of Mumber 6. Exivative urities quired or posed D)	contai form d red, Disp ptions, c Date Ex xpiration	ned in thin isplays a cosed of, or convertible arcisable and Date	is form a current r Bene secur	m are no ently va eficially (ot require alid OMB of Owned and of ng s	d to respondent of the second	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form o Derivat Securit Direct (or India	Owners (Instr. 4) (D) ect
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, i	4. Transaction Code	5. Non of Der Sec Acc (A) Disjort (Ins	Trants, of Mumber 6. Exivative (Nurities quired or posed	contai form d red, Disp ptions, c Date Ex xpiration	ned in this isplays a cosed of, or convertible ercisable a Date	is form a current r Bene secur	m are neently value (ities) 7. Title a Amount of Underlying Securities	ot require alid OMB of Owned and of ang s and 4)	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form o Derivat Securit Direct (or Indin	thip of India Benefic Owners (Instr. 4
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D (1 0 N /41)		Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
WEISS MICHAEL S C/O FORTRESS BIOTECH, INC. 2 GANSEVOORT STREET, 9TH FLOOR NEW YORK, NY 10014	X	X	Exec. VC - Strategic Dev.				

Signatures

/s/ S. Halle Vakani, Attorney-in-Fact	01/27/2017
**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) Represents an award of restricted shares of the Issuer's common stock made pursuant to the Fortress Biotech, Inc. Long Term Incentive Plan.
- (2) One-third of the shares vested on each of December 19, 2014, 2015 and 2016.

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.