## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287

Estimated average burden 05 hours per response.

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

Instruct	ion 1(b).				Filed							ies Exchanç			934			Liloui	5 pci i		0.0
1. Name and Address of Reporting Person* <u>LIFESCI INDEX PARTNERS LLC</u>					2. Issuer Name and Ticker or Trading Symbol Novus Therapeutics, Inc. [ NVUS ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner							
(Last) (First) (Middle) 250 WEST 55TH STREET				3. Date of Earliest Transaction (Month/Day/Year) 04/30/2019										Office below	er (give title v)	le O		(specify )			
16TH FLOOR (Street) NEW YORK NY 10019 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     X     Form filed by More than One Reporting Person								
			Tab	le I - No	n-Deriv	ative	Se	curitie	es Acc	quired	, Dis	posed o	f, or	Ber	nefici	ally	Owne	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			nd Securiti Benefic		es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	( <i>A</i>	() or ()	Price	- 1	Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock, par value \$0.01 per share 04/30/2				2019	)19			S		200 D		D	\$2.	.7	1,065,867			I	See Footnote <sup>(1)</sup>		
			Ta						•		•	sed of, o				-	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversi or Exerci Price of Derivativ Security	ion I	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/E	on Date,	1. Fransaction Code (Instr. 3)		n of		6. Date Exercis Expiration Dat (Month/Day/Ye		е	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.	ivative urity	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	nount ımber ıares						
			eporting Person*	S LLC																	
(Last) 250 WES 16TH FL		•	First) REET	(Mic	ddle)																
(Street)							-														

1. Name and Address of Reporting Person*								
LIFESCI INDEX PARTNERS LLC								
(Last)	(First)	(Middle)						
250 WEST 55TH STREET								
16TH FLOOR								
(Street)								
NEW YORK	NY	10019						
(City)	(State)	(Zip)						
Name and Address of Reporting Person*								
YOOK PAUL								
(Last)	(First)	(Middle)						
C/O LIFESCI VENTURE GP, LLC								
250 WEST 55TH STREET, 16TH FLOOR								
(Street)								
, ,	NY	10019						
(City)	(State)	(Zip)						

### **Explanation of Responses:**

1. The Common Stock is held in the accounts of private investment funds managed by LifeSci Index Partners LLC and may be deemed to be beneficially owned by Paul Yook, a principal of LifeSci Index Partners LLC. Each Reporting Person disclaims beneficial ownership of the reported securities except to the extent of his or its pecuniary interest therein, and affirmatively disclaims being a "group" for purposes of Section 16 of the Securities Exchange Act of 1934, as amended.

Managing Member

<u>/s/ Paul Yook</u> <u>05/02/2019</u>

Date

\*\* Signature of Reporting Person

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

- $^{\star}$  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.