FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-0									
Estimated average burden									
hours per response:	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

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

Name and Address of Reporting Person*     OCAMPO CHRISTINE						2. Issuer Name and Ticker or Trading Symbol Novus Therapeutics, Inc. [ NVUS ]										5. Relationship of Reporting (Check all applicable)  Director				ssuer
(Last)	t) (First) (Middle)  NOVUS THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/10/2017									Office	er (give title w) See R	emark	Other (specify below)	
19900 MACARTHUR BLVD., SUITE 550						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) IRVINE	RVINE CA 92612													Lir	ne) X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta	ate) (2	Zip)																	
		Table	e I - N	Non-Deriv	ative S	ecu	rities	s Acc	quired,	Dis	posed o	f, oı	r Bene	eficia	ally	Owne	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,			3. 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)						3, 4 Secu Bene Owne		icially d	Form: (D) or Indire	ct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	Amount		(A) or (D)	Price		Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(111501.4)					
Common	2017				P		10,010	) <sup>(1)</sup> A		\$9.	99	21,590(1)			D					
	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)	vative Conversion price of Derivative Security  Date (Month/Day/Year) if any (				nsaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date			Ame Sec Und Der	or Nur of	ount	ut er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		vnership rm: rect (D) Indirect (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## Explanation of Responses:

 $1. \ All \ numbers \ give \ effect \ to \ the \ 1:9 \ reverse \ stock \ split \ effected \ by \ the \ Company \ on \ May \ 11, \ 2017.$ 

## Remarks:

Chief Financial and Compliance Officer

/s/ Ryan A. Murr, as attorneyin-fact for Christine G.

05/11/2017

Ocampo

\*\* Signature of Reporting Person Date

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.