| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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

| OMB APPRC | VAL |
|-------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burde | en |
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person* TURKEL CATHERINE C. | | | 2. Issuer Name and Ticker or Trading Symbol <u>Novus Therapeutics, Inc.</u> [NVUS] | | tionship of Reporting Pe all applicable) Director Officer (give title | erson(s) to Issuer 10% Owner Other (specify |
|---|--|----------------|--|------------------------|---|---|
| | (First) (Middle) S THERAPEUTICS, INC. CARTHUR BLVD., SUITE 550 | | 3. Date of Earliest Transaction (Month/Day/Year) 09/05/2018 | | below) Preside | below) |
| (Street) IRVINE (City) | CA (State) | 92612 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Group Fili Form filed by One Re Form filed by More th Person | porting Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (| | | | | Disposed Of (D) (Instr. 3, 4 and Securities 5) Beneficially | | Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|--------|---|--------|---------------|---------|--|---|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | | |
| Common Stock | 09/05/2018 | | Р | | 805 | A | \$3.966 | 805 | Ι | By Spouse's IRA | | |
| Common Stock | | | | | | | | 44,519 | D | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (e.g., puts, cars, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|---|-----|--|--------------------|--|--|--|--|--|--|--|--|---|--|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | Expiration Date (Month/Day/Year) S | | | | of Expiration Date Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | Expiration Date Amount of (Month/Day/Year) Securities Underlying Derivative | | Amount of Securities Underlying Derivative Security (Instr. 3 | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | | | | | |

Explanation of Responses:

Remarks:

<u>/s/ Ryan A. Murr, as attorney-</u> in-fact for Catherine C. Turkel

<u>orney-</u> Turkel <u>09/07/2018</u>

** Signature of Reporting Person Date

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

* 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.