FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| hours per response: 0. | | | | | | |

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 | | | | | | | Company Act | | of 1934 | | | | | | | | | |
|--|--|--|---|-------|---|---------|---|--------|---|--|---|---|---|--|--|---|---|--|-------|--|--|
| Name and Address of Reporting Person* OrbiMed Israel GP Ltd. | | | Issuer Name and Ticker or Trading Symbol Novus Therapeutics, Inc. [NVUS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
| 3. [| | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/09/2017 | | | | | | | | | X Direct Office below | er (give | er (give title | | 10% Owner Other (specify below) | | | |
| 89 MEDINAT HAYEHUDIM ST BUILDING E, 11TH FLOOR | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) HERZLIYA L3 4614001 | | | | | | | | | | | | | | | Form filed by One Reporting Person X Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non-Deriv | ative | Se | curitie | s / | Acquir | ed, l | Disposed of | f, or B | enefi | cial | lly Owne | ed | | | | | | |
| Date | | 2. Transaction Date (Month/Day/Yea | ar) if any | | ıtion Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | Securities Beneficially Owned | | | Form: D (D) or Indirect | | Indir Bene Owne | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Following Reported Transaction (Instr. 3 an | on(s) | | 4) (Ir | | r. 4) | | |
| Common Stock 05/09/2017 | | | | | | | A ⁽¹⁾ | | 2,537,110 | A | (1) | 2,537,1 | | 10 | I | | See Footnotes ⁽²⁾⁽³⁾ | | | | |
| | | Та | ble II - Derivat e.g., pı | | | | | | | sposed of, o s, convertib | | | | Owned | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. 3. Transaction Date (Month/Day/Year) Security 3. Execution Date Execution Date, if any (Month/Day/Year) | | 4. Transactio Code (Inst | | | | Expiration (Month/Date) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Owner Form: Direct or Ind (I) (Ins 4) | (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | | V (A) | (D | Date | cisak | Expiration le Date | Amour or Number of Title Shares | | er | | | | | | | | |
| l | nd Address o | f Reporting Person' | | | | | | | | | | | | | | | | | | | |
| l | | (First) EHUDIM ST I FLOOR | (Middle) | | | | | | | | | | | | | | | | | | |
| (Street) HERZLI | YA | L3 | 4614001 | | _ | | | | | | | | | | | | | | | | |
| (City) | | (State) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

| Name and Address of Reporting Person* OrbiMed Israel BioFund GP Limited Partnership | | | | | | | | |
|---|---------|---------|--|--|--|--|--|--|
| (Last) (First) (Middle) 89 MEDINAT HAYEHUDIM ST BUILDING E, 11TH FLOOR | | | | | | | | |
| (Street) HERZLIYA | L3 | 4614001 | | | | | | |
| (City) | (State) | (Zip) | | | | | | |

Explanation of Responses:

- 1. Received in exchange for 3,898,632 shares of Otic Pharma, Ltd. Series B Preferred Shares, 816,954 shares of Series C Preferred Shares and 96,637 shares of Ordinary Shares in connection with the closing of the share purchase transaction with Otic Pharma, Ltd. All numbers give effect to the 9:1 reverse stock split effected by the Company on May 11, 2017 (the "Reverse Stock Split").
- 2. The reportable securities are owned directly by OrbiMed Israel Partners Limited Partnership ("OIP"). OrbiMed Israel BioFund GP Limited Partnership ("OrbiMed BioFund") is the general partner of OIP, and OrbiMed Israel GP Ltd. ("OrbiMed Israel") is the general partner of OrbiMed BioFund. By virtue of such relationships, OrbiMed Israel and OrbiMed BioFund may be deemed to have voting and investment power over the securities held by OIP and as a result may be deemed to have beneficial ownership over such securities.
- 3. This report on Form 4 is jointly filed by OrbiMed Israel and OrbiMed BioFund. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein for purposes of Rule 16a-1(a) under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), except to the extent of its or his pecuniary interest therein, if any. The Reporting Persons have designated a representative, currently Erez Chimovits, to serve on the Issuer's board of directors. This report on Form 4 shall not be deemed an admission that any such entity or person, including the Reporting Persons, is a beneficial owner for the purpose of Section 16 of the Exchange Act, or for any other purpose.

Remarks:

/s/ Ryan A. Murr, as attorneyin-fact for OrbiMed Israel
Partners GP Ltd.
/s/ Ryan A. Murr, as attorneyin-fact for OrbiMed Israel
BioFund GP Limited
Partnership
** 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.