FORM	4
------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations may
continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 [*] – Jeffrey B Davis		2. Issuer Name and Ticker or Trading Symbol ABEONA THERAPEUTICS INC. [ABEO]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) C/O ABEONA THERAPEUTICS IN AVENUE OF THE AMERICAS 27T	C., 1325	3. Date of Earliest Transaction (Month/Day/Year) 05/11/2015						X_Officer (give title below) Other (specify below) Cheif Operating Officer			
(Street) NEW YORK, NY 10019		4. If Amendment, Date Original Filed(Month/Day/Year) 05/13/2015						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership	
			Code	V	Amount	(D)	Price		(Instr. 4)		
Common stock	05/11/2015		А		300,000 (1) (2)	А	\$ 0	300,000	D		

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

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title	of 2.	3. Transaction	3A. Deemed	4.		5. Number	of	6. Date Exerci	sable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivat	ive Conversion	Date	Execution Date, if	Transact	tion	Derivative		Expiration Dat	e	of Underlyin	ng	Derivative	Derivative	Ownership	of Indirect
Securit	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day/Y	ear)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3) Price of		(Month/Day/Year)	(Instr. 8))	Acquired (Acquired (A)		(Instr. 3 and 4) (Instr. 5)		Beneficially	Derivative	Ownership		
	Derivative					or Dispose	or Disposed of				Owned	Security:	(Instr. 4)		
	Security					(D)	(D)					Following	Direct (D)		
						(Instr. 3, 4,	,						1	or Indirect	
						and 5)				Transaction(s)	< / <				
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration	T: 1	or				
								Exercisable	Date	Title	Number				
				Code	v	(A)	(D)				of Shares				
Stock option (right buy)		05/11/2015		А		100,000 (2)		05/11/2016	05/11/2025	Common stock	100,000	\$ 0	100,000	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Jeffrey B Davis C/O ABEONA THERAPEUTICS INC. 1325 AVENUE OF THE AMERICAS 27TH FLOOR NEW YORK, NY 10019	Х		Cheif Operating Officer				

Signatures

/s/ Jeffrey B. Davis	06/19/2015
**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) 300,000 shares of restricted common stock will vest on 05/11/2016.

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.