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

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

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 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

1. Name and Address of Reporting Person * Ahn Mark J				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) (Middle) 3333 LEE PARKWAY, SUITE 600				3. Date of Earliest Transaction (Month/Day/Year) 11/08/2016						Officer (give	title below)		(specify below)	
(Street) DALLAS, TX 94080				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Cit	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					Acquired	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	(Instr. 3) Date		2. Transaction Date (Month/Day/Year)			(Instr. 8)		(A) or Di	r Disposed of (D) . 3, 4 and 5)		5. Amount of Securities Benef Owned Following Reported Transaction(s)		d C	wnership orm:	Beneficial
			(Month/Day/Y		Co	de V	Amount	(A) or (D)	Price	nstr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	stock		11/08/2016			N]	150,000	A	\$ 2.31 49	93,182		I)	
Reminder:	Report on a	separate line for eac	h class of securities	beneficia	lly owned	lirectly	Perso in thi	ns who form a	re not re	equired t	to respond	unless the	tion contain	ed SEC 1	474 (9-02)
Reminder:	Report on a	separate line for eac		Derivati	ve Securiti	es Acq	Perso in thi displ uired, Dis	ons who is form a inys a cu inposed of,	re not re rrently v	equired to valid OMI ficially Ov	to respond B control n	unless the		ed SEC 1	474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transact Code	ve Securiti ts, calls, wa 5. Nun Deriva Securit	es Acq rrants aber of tive ies ed (A) posed	Person in thin displayed wired, Displayed, Options, Options, Expiration	ons who is form a lays a cu posed of, convertible exercisable	re not re rrently v or Bene ele securi	equired to valid OMI ficially Ov ities)	to respond B control n wned and Amount dlying s and 4)	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownershi Form of Derivativ Security: Direct (D or Indirect)	11. Nature ip of Indirect Beneficial Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transact Code	ve Securiti ts, calls, wa 5. Nun Deriva Securit Acquir or Disp of (D) (Instr.	es Acq rrants aber of tive ies ed (A) posed	Person in thin display uired, Display options, options, of Date Expiratio (Month/I	ons who is form a ays a cu posed of, convertib exercisable in Date day/Year)	or Beneile securi	equired to valid OMI ficially Over ties) 7. Title and of Underly Securities	to respond B control n wned and Amount clying s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature ip of Indirect Beneficial Ownershi (Instr. 4)

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Ahn Mark J 3333 LEE PARKWAY, SUITE 600 DALLAS, TX 94080	X					

Signatures

/s/ Mark J Ahn	11/09/2016
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).

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.