FORM	4
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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

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02)

#### 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 Reportin ALLEN SIMON	2. Issuer Name <b>a</b> CohBar, Inc. [C			0.	nbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) 1455 ADAMS DRIVE, SUI BUSINESS PARK	3. Date of Earliest 01/31/2017	Transactio	n (M	onth/Day	/Year)	X Officer (give title below) Other (specify below) Chief Executive Officer				
(Street) MENLO PARK, CA 94025	4. If Amendment, Date Original Filed(Month/Day/Year)						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)	Tab	le I - Non-	Deri	vative Se	curities	s Acqui	ired, 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 (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)	
Common Stock	01/31/2017		Р		135	А	\$ 2.48	135	Ι	Held by spouse
Common Stock	01/31/2017		Р		200	А	\$ 2.3	200	D	
Common Stock	01/31/2017		S		100 D \$ 2.1			35	Ι	Held by spouse
Common Stock	01/31/2017		S		35	D	\$ 1.89	0	Ι	Held by spouse

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

> Persons who respond to the collection of information SEC 1474 (9contained 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. Nu	mber	6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Deriv	ative	(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Secur	ities			Securities (I		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acqu	ired			(Instr	r. 3 and		Owned	Security:	(Instr. 4)
	Security					(A) o	r			4)			0	Direct (D)	
						Dispo							*	or Indirect	
						of (D)	· · · · · · · · · · · · · · · · · · ·						Transaction(s)	< /	
						(Instr	-						(Instr. 4)	(Instr. 4)	
						4, and	15)								
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

			Relationships	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
ALLEN SIMON 1455 ADAMS DRIVE, SUITE 2050 MENLO BUSINESS PARK MENLO PARK, CA 94025			Chief Executive Officer	

# Signatures

/s/ Jeffrey Biunno, Attorney-in-fact for Simon Allen	02/02/2017
-**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.