SEC Form 4

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL										
OMB Number:	3235-0287									
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1. Name and Address of Reporting Person * Jin David					2. Issuer Name and Ticker or Trading Symbol Fortress Biotech, Inc. [FBIO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	(First)	(M	iddle)		3. Date of Earliest Transaction (Month/Day/Year) 10/26/2022								x	Officer (g below)		Other (specify below)				
C/O FORTRESS BIOTECH, INC.															Chief Financial Officer					
1111 KANE CONCOURSE SUITE 301					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form filed by One Reporting Person Form filed by More than One Reporting Person					
BAY HARBO ISLANDS	R FL	33154													1 Unit me			reportin	ig Feison	
(City)	(State)	(Zi	p)																	
		Та	able I - No	n-Der	ivativ	e Se	curitie	s Acq	uired,	Disp	osed of,	, or E	Benefi	cially Ov	vned					
Date				2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D) P		Price	(IIISU: 4)						
COMMON STOCK, PAR VALUE \$0.001 10/2					26/2022	2		A 1,350,000 <sup>(1)</sup> A		<b>\$0.00</b>	1,397,829(2)		D							
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned   (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	Perivative Conversion Date Execution Date,			ate,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Securities Underly Derivative Security (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e Ow s For ally Dire or I g (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	e V (A) (D)		Date Exercis	able	Expiration Date			Amount or Number of Shares		Transacti (Instr. 4)	ion(s)				

## Explanation of Responses:

1. Represents an award of 1,350,000 restricted stock units which will vest in 48 equal monthly installments after the grant date, October 26, 2022. The shares underlying the restricted stock units will not be settled until the earlier of the tenth business day of January of the year following certain terminations of service of the Reporting Person from the Issuer and the consummation of a Corporate Transaction (as defined in the Fortress Biotech, Inc. 2013 Stock Incentive Plan); the amount will be distributed in the form of the Issuer's common stock.

2. The total holdings include 1,350,000 shares underlying restricted stock units.

## /s/ David Jin

\*\* Signature of Reporting Person

10/28/2022

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.