FORM 4

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

OMB APF	ROVAL					
OMB Number:	3235-0287					
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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

Name and Address of Reporting Person * Harvey Jimmie			2. Issuer Name and Ticker or Trading Symbol Fortress Biotech, Inc. [FBIO]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O FORTRESS BIOTECH, INC., 2 GANSEVOORT STREET, 9TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 01/01/2018							Officer (give title below) Other (specify below)					
(Street) NEW YORK, NY 10014			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)				Table I - Non-Derivative Securities Acqui						Acquir	ired, Disposed of, or Beneficially Owned					
(Instr. 3)		Date (Month/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y			ction	4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)		f(D)	Beneficia Reported	nt of Securities ally Owned Following I Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial		
				(Month	1/Day/ Y	ear)	Code	v	Amou	(A) or (D)	(Instr. 3 and 4)			(/	Ownership (Instr. 4)	
Common	Stock		01/01/2018				A		100,00 (1)	00 A	\$ 0	450,000	<u>(2)</u>		D	
Reminder: I indirectly.	Report on a s	separate line fo	or each class of secu Table II - D	D erivati	ve Secu	ritie	es Acquire	Pers cont the f	sons what is a son the second	n this for splays a o	m are curre: eficial	not req	uired to re d OMB cor	formation espond unl ntrol numb	ess	C 1474 (9- 02)
1 77'4 6	2	2 F .:	(6	<i>e.g.</i> , put	s, calls,	war	rants, op	ions	, conver	tible secur	ities)		1	0.31 1	6 10	11. 27.
Security (Instr. 3)	Conversion		Execution Da th/Day/Year) any	4. Transaction Code Year) (Instr. 8)		ion (of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect) [`	
					Code	V	(A) (D)	Date Exe	e rcisable	Expiration Date	Title	Amount or Number of Shares				
Repor	ting O	wners														

Donating Community (Addition	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Harvey Jimmie C/O FORTRESS BIOTECH, INC. 2 GANSEVOORT STREET, 9TH FLOOR NEW YORK, NY 10014	X						

Signatures

/s/ Sam Berry, Attorney-in-Fact	11/30/2018
**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).

One-third of the shares will vest on each of January 1, 2019, 2020, and 2021, subject to continued service. The reporting person elected to defer these restricted shares pursuant to the issuer's Deferred Compensation Plan for Directors and instead received deferred share units that are subject to the same vesting conditions. Vested deferred share units will be delivered to the reporting person in January of the year following the reporting person's termination of service, or earlier upon his death or a change in control.

(2) The total holdings include 150,000 shares underlying deferred share units that were previously reported in Table II.

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.