## FORM 4

(Print or Type Pecnonces)

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

OMB APPROVAL
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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).

#### 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

(I IIII OI I)	pe response	3)												
1. Name and Address of Reporting Person * Klein Dov				2. Issuer Name and Ticker or Trading Symbol Fortress Biotech, Inc. [FBIO]						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					Office	r (give title belo	ow)	Other (specify b	elow)		
(Street) NEW YORK, NY 10014				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui					ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		Dat	2. Transaction Date (Month/Day/Year)		(Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s)		Ownership of Form:	Beneficial	
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	
Common	Stock		01/01/2018		A		100,000	) A	\$ 0	355,000	(2)		D	
Common	Stock									1,800			I	By wife
Common	Stock		01/01/2019		A		100,000	A	\$ 0	455,000	)		D	
Reminder:	Report on a s	separate line fo	or each class of secu	rities beneficially ov	wned dire	Pers	sons who	respo this fo	rm are	not requ		formation spond unle trol numbe	ss	1474 (9-02)
				Derivative Securite. [e.g., puts, calls, wa						ly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution I any	4. Transaction Code Year) (Instr. 8)	5.	6. D and (Mo	ate Exercisable Expiration Date nth/Day/Year)		7. T Ame Und Secu	itle and ount of erlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct () or Indire	Beneficia Ownersh (Instr. 4)
				Code V	(A) (D		-	xpiratio Pate	n Title	Amount or Number of Shares				

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Klein Dov C/O FORTRESS BIOTECH, INC. 2 GANSEVOORT STREET, 9TH FLOOR NEW YORK, NY 10014	X					

#### **Signatures**

/s/ Samuel Berry / Attorney-in Fact 04/12/2019
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**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 80,000 of these shares (1) pursuant to the issuer's Deferred Compensation Plan for Directors. Vested deferred shares 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 53,332 shares underlying deferred restricted stock units that were previously reported in Table II.
  - One-third of the shares will vest on each January 1, 2020, 2021 and 2022, subject to continued service. The reporting person elected to defer 80,000 of 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 shares 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 change in control of

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.