FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 32350104

Estimated average burden hours per response: 0.5

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*	2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol PALATIN TECHNOLOGIES INC [PTN]				
Morris Arlene	(Month/Day/Yea 06/11/2015	Issuer	ng Person(s) to	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Last) (First) (Middle) C/O PALATIN TECHNOLOGIE INC. 4-B CEDAR BROOK DRIVE (Street) CRANBURY NJ 08512 (City) (State) (Zip)	S,	(Check all applicable) X Director Officer (give title below)	10% Owner Other (specify below)	(Check Applicable X Form filed Reporting Form filed	l by One	
Table	I - Non-Deriva	 tive Securities Bene	ficially Ov	vned		
1. Title of Security (Instr. 4)		Beneficially Owned	Ownership	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Form: Direct (D) or Indirect (I) (Instr. 5)			
I			(D) or Indirect (I) (Instr. 5)			
		e Securities Benefic ents, options, conve	(D) or Indirect (I) (Instr. 5) cially Own rtible secu	5. Ownership	6. Nature of Indirect Beneficial Ownership	

Explanation of Responses:

Remarks:

No securities are beneficially owned. Power of attorney is submitted herewith.

No securities are beneficially owned.

/s/Arlene Morris, by Stephen A. Slusher, Attorney-In-Fact

06/11/2015

Attorney-In-Fact

Date

** Signature of Reporting Person

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 5 (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.