

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
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Hariri Robert J</u>  (Last) (First) (Middle) <u>C/O ATLAS THERAPEUTICS CORPORATION</u> <u>4640 ADMIRALTY WAY, SUITE 500</u>  (Street) <u>MARINA DEL REY</u> <u>CA</u> <u>90292</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Atlas Therapeutics Corp [ ATTH ]</u>  3. Date of Earliest Transaction (Month/Day/Year) <u>11/29/2011</u>  4. If Amendment, Date of Original Filed (Month/Day/Year)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)  6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person  Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Acquired, 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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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)	Price			
<u>Common Stock</u>	<u>11/29/2011</u>		<u>A</u>		<u>150,000</u>	<u>A</u>	<u>\$0<sup>(1)</sup></u>	<u>8,550,000</u>	<u>D</u>	

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
<u>18% Convertible Promissory Note</u>	<u>(2)</u>	<u>11/29/2011</u>		<u>A</u>		<u>\$150,000</u>		<u>11/29/2011</u>	<u>(2)</u>	<u>Common Stock</u>	<u>750,000<sup>(3)</sup></u>	<u>\$150,000</u>	<u>750,000<sup>(3)</sup></u>	<u>D</u>	

Explanation of Responses:

1. The shares were granted to the reporting person as additional consideration in connection with the issuance of the 18% Convertible Promissory Note in the principal amount of \$150,000 (the "Note").
2. The Note is convertible, at the option of the reporting person, into shares of the Company's common stock at a conversion price equal to the lower of: (i) \$0.20 or (ii) the conversion rate or offering price, as applicable, for the securities sold in a subsequent financing.
3. Reflects a conversion price of \$0.20.

/s/ Robert Hariri 11/30/2011  
\*\* Signature of Reporting Person 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.