FORM 4

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

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longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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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* CASAMENTO CHARLES J		2. Issuer Name and Ticker or Trading Symbol RELMADA THERAPEUTICS, INC. [RLMD]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner									
C/O REL	(Last) (First) (Middle) C/O RELMADA THERAPEUTICS, INC., 880 THIRD AVENUE, 12TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 12/19/2019					XDirector10% OwnerOfficer (give title below)Other (specify below)							
(Street)			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							
	NEW YORK, NY 10022 (City) (State) (Zip)															
		(State)		T					vative Securit							
(Instr. 3) Date		2. Transaction Date (Month/Day/Year) any	tion Date	if Co		(1	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Followin Transaction(s)		ecurities Beneficially ng Reported		wnership of orm:	. Nature f Indirect seneficial	
				(Mont	h/Day/Ye				(A) or		(Instr. 3	3 and 4)		(I	Indirect (In	wnership nstr. 4)
							Code	e V A	mount (D)	Price				(I	nstr. 4)	
Reminder: 1								in this f		required	d to res	spond u		on contained form display		74 (9-02)
			Table II					in this facurre	form are not on the not onthe	required B contr eficially	d to res rol num	spond u nber.				74 (9-02)
1. Title of	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g., p) 4. Transac Code	tion Der Sector Acquired (D) (Ins	warra umber vative rities uired (ispose r. 3, 4,	of (A) ed of	in this t a curre nired, Dispo options, co	orm are not ontly valid OM osed of, or Ben overtible securicisable and Date	required B contr eficially rities) 7. Title of Und	od to restrol num Owned e and Anderlying	spond unber.	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia Ownersh (Instr. 4)
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Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CASAMENTO CHARLES J C/O RELMADA THERAPEUTICS, INC. 880 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10022	X					

Signatures

/s/ Charles Casamento	12/23/2019
**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).
- (1) Pursuant to the terms of the company's 2014 Stock Option and Equity Incentive Plan, 6.25% of the options shall vest each quarter from the date of grant.

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.