FORM	4
------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Print or Type Re

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

(Thit of Type (Cesponses)												
1. Name and Address of Reporting Person [*] TRAVERSA SERGIO	2. Issuer Name and Ticker or Trading Symbol RELMADA THERAPEUTICS, INC. [RLMD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner					
(Last) (First) C/O RELMADA THERAPEUTICS,	TR 7 0 0 0 0		Date of Earliest Transaction (Month/Day/Year)					X_Officer (give title below) Other (specify below) CEO				
THIRD AVENUE, 12TH FLOOR	INC., 880	12/19/2019										
(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				
NEW YORK, NY 10022								Form filed by More than One Reporting Person				
(City) (State)	(Zip)		Table I - N	on-D	erivative	Securitie	s Acqu	uired, Disposed of, or Beneficially Owned				
1.Title of Security	2. Transaction	2A. Deemed 3. Transaction 4. Securities Acquired				uired	5. Amount of Securities Beneficially	6.	7. Nature			
(Instr. 3)	Date	Execution Date, if Code (A) or Disposed of (D)					Owned Following Reported	Ownership	of Indirect			
	(Month/Day/Year)						Transaction(s)	Form:	Beneficial			
		(Month/Day/Year)	/Day/Year)		(Instr. 3 and 4)		Ownership					
									or Indirect	(Instr. 4)		
			C 1	* 7		(A) or	n ·		(I) (I)			
			Code	V	Amount	(D)	Price		(Instr. 4)			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
Security	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion)		A) d of	6. Date Exercisable and Expiration Date (Month/Day/Year)		cisable and 7. Title and Amount ate of Underlying Year) Securities		Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Options to purchase common stock		12/19/2019		A		350,000		(1)	12/19/2029	Common Stock	350,000	\$ 43.47	350,000	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
TRAVERSA SERGIO C/O RELMADA THERAPEUTICS, INC. 880 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10022	Х		CEO				

Signatures

/s/ Sergio Traversa	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.