FORM 4

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

(Print or Typ															
1. Name and Address of Reporting Person* SCHMIDT ERIC THOMAS			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						
(Last) (First) (Middle) C/O RELMADA THERAPEUTICS, INC., 880 THIRD AVENUE, 12TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 04/09/2020					_	Officer (give	title below)	Oth	er (specify belo	w)		
(Street) NEW YORK, NY 10022			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						
(City) (State) (Zip)		Table I - Non-Derivative Securities Acqu					Acquire	nired, 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)		e, if Code (Instr	(Instr. 8)		1. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		Amount of So wned Followi ransaction(s) nstr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Co	ode V	Amount	(A) or (D)	Price			(I) (Instr. 4)		
Common	Stock		04/09/2020			2	X	32,500	A	\$ 6 87	7,500			D	
Common	Stock		04/09/2020			2	X	12,500	A	\$ 9 10	00,000			D	
											number.	nless the	ioiiii dispie	iyo	
	2. Conversion or Exercise Price of Derivative Security		3A. Deemed	4. Transac Code	tion of Se or of (Ir	s, warrant Number		osed of, onvertib rcisable Date	lid OMB or Benefi le securit	control icially Ov ies)	number. wned and Amount rlying es	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form o Derivat Security Direct (or Indir (s) (I)	Ownersh (/: (Instr. 4) D) ect
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	tion of Se or of (Ir	Number Derivative curities quired (A) Disposed (D) sstr. 3, 4, d 5)	a curre	ently va osed of, overtib recisable Date //Year)	or Benefile securit and	icially Ovies) 7. Title a of Under Securities	number. wned and Amount rlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form o Derivat Security Direct (or Indir	hip of Indire Benefici Ownersk (Instr. 4) ect
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., pu 4. Transac Code (Instr. 8	ttion of Se) According (Ir an	Number Derivative curities quired (A) Disposed (D) sstr. 3, 4, d 5)	a curred, Disps, options, c 6. Date Exc Expiration (Month/Da	ently va osed of, onvertib reisable Date p/Year)	or Benefice securit	icially Ovies) 7. Title a of Under Securitie (Instr. 3	number. wned and Amount rlying es and 4) Amount or Number of Shares	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form o Derivat Security Direct (or Indir (s) (I)	hip of Indire Benefici Ownersk (Instr. 4) ect

Reporting Owners

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

Signatures

/s/ Eric Schmidt	04/09/2020

**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)

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.