UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

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 Type Respo	nses)										
Name and Addres Salinas Eliseo Or	2. Issuer Name and Ticker or Trading Symbol RELMADA THERAPEUTICS, INC. [RLMD]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) C/O RELMADA INC., 546 FIFTH FLOOR	CS,	3. Date of Earliest Transaction (Month/Day/Year) 02/23/2015					below) President and CSO				
NEW YORK, NY		4. If Amenda Filed(Month/E	iginal			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-De	riva	tive Secu	rities	Acqui	ired, Disposed of, or l	Beneficially (Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		D) 15)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Report on directly or indirectly.		ach cla	ss of securitie	es benefi	Pe int	ersons v formatio	n co o res	ntaine pond	nd to the collection ed in this form are r unless the form dis control number.	not	SEC 1474 (9-02)
	Table II I	Dorivos	tivo Compitie	oc A aqui	nod	Dienocor	l of a	n Don	oficially Owned		

$(\textit{e.g.}, \, \text{puts}, \, \text{calls}, \, \text{warrants}, \, \text{options}, \, \text{convertible securities})$

1. Title of	2.	Transaction	3A. Deemed	4.		Numbe	r of	Date Exer	rcisable and	7. Title and	Amount	8. Price of	Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transac	tion	Derivative	;	Expiration I	Date	of Underlyi	ing	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day	/Year)	Securities		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired	(A)			(Instr. 3 and	14)	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					or Dispos	ed						Owned	Security:	(Instr. 4)	
	Security					of (D)							Following	Direct (D)		
						(Instr. 3, 4	١,						Reported	or Indirect		
						and 5)							Transaction(s)	(I)		
											Amount		(Instr. 4)	(Instr. 4)		
								Date	Expiration		or					
								Exercisable		Litle	Number					
				Code	V	(A)	(D)				of Shares					
Options																
to																
purchase	\$ 2.7	02/23/2015		Α		225,000		<u>(1)</u>	02/23/2025	Common stock	225 000	\$ 2.7	250,944 (2)	D		
•	·	02/23/2013		A		223,000		3.27	02/23/2023	stock	223,000	\$ 2.7	250,944	Ъ		
common																
stock																

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Salinas Eliseo Oreste C/O RELMADA THERAPEUTICS, INC. 546 FIFTH AVENUE, 14TH FLOOR NEW YORK, NY 10036			President and CSO				

Signatures

/s/ Eliseo Salinas	03/05/2015
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.

Includes (i) options to purchase an aggregate of 1,003,774 shares of Common Stock of the Company, 250,944 shares of Common Stock (2) will have vested within 60 days of March 5, 2015, and (ii) options to purchase an aggregate of 225,000 shares of Common Stock of the Company, 0 shares of Common Stock will have vested within 60 days of March 5, 2015.

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.