FORM 4

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

OMB APP	ROVAL			
OMB Number:	3235-0287			
Estimated average burden				
hours per respon	se 0.5			

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

	Transactio	(M-		RELMADA THERAPEUTICS, INC. [RLMD]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director				
12/14/2013	3. Date of Earliest Transaction (Month/Day/Year) 12/14/2015			Officer (give title below) Other (specify below)				low)			
4. If Amendment,	4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				le Line)			
Tab	ole I - Non	-Deriv	ative So	ecurities A	Acqui	red, Dispo	osed of, or	Beneficially (Owned		
Execution Date, if any	Code (Instr. 8)	((A) or I (D)	Disposed o	of	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Direct (I) or Indirect (I)		Ownership Form: Direct (D)	/ A		
	Code	V	Amoun	(A) or (D)	Price			(I)	(Instr. 4)		
	P		2,000	A S	\$ 2.89	2,000]	D		
	es Acquire	conta the fo	ined ir orm dis posed o	n this for splays a of, or Ben	m are curre	e not req ently valid	uired to re d OMB cor	spond unle	ss	C 1474 (9- 02)	
emed 4. Transaction Code (Day/Year) (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	ref 6. Date Exercisable and Expiration Date (Month/Day/Year) s (I 4)		7. T Ame Und Secu	Title and mount of inderlying ecurities nstr. 3 and) Amount Amount 8. Price of Derivative Security (Instr. 5) 1. Instr. 5) 1. Instr. 5) 1. Instr. 6 1. Instr. 6 1. Instr. 7 1. Instr. 7 2. Instr. 8 2. Instr. 8 3. Price of Porvative Securities Beneficia Owned Followin Reported Transacti (Instr. 4)		Derivative Securities Beneficially Owned Following Reported Transaction(Ownership Form of Derivative Security: Direct (D) or Indirect			
Code V	(A) (D)	Date Exerc			Title	or Number of Shares					
5 0	Tal 2A. Deemed Execution Date, if any (Month/Day/Year) 6 2I - Derivative Securiti (e.g., puts, calls, wa emed ion Date, if Transaction Code (Instr. 8)	Table I - Non 2A. Deemed Execution Date, if any (Month/Day/Year) Code Tode P of securities beneficially owned directly ow	Table I - Non-Derive on Execution Date, if any (Month/Day/Year) Solution Date, if any (Month/Day/Year) To securities beneficially owned directly or contain the following properties and Execution Date, if any (E.g., puts, calls, warrants, options, or contain the following properties and Execution Date, if any Derivative (Instr. 8) Transaction Code Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Execution Date, if any Date Execution Date, if any Derivative (Instr. 3, 4, and 5)	Table I - Non-Derivative Son 2A. 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Daniel Communication (Addison	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Shenouda Maged C/O RELMADA THERAPEUTICS, INC. 757 THIRD AVENUE, SUITE 2018 NEW YORK, NY 10017	X					

Signatures

/s/ Maged Shenouda	12/16/2015
**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).

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.