FORM 4	4
--------	---

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

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

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

SEC 1474 (9-

02)

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 Type Respons	es)											
1. Name and Address of Reporting Person – SETH SANDESH			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., 757 THIRD AVENUE, SUITE 2018			3. Date of Earliest Transaction (Month/Day/Year) 12/14/2015						Officer (give title below)	Other (specify b	pelow)	
(Street) NEW YORK, NY 10017			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)	Tab	le I - Non-	Deri	vative Se	curities	s Acqui	ired, Disposed of, or Beneficially	y Owned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired(A) or Disposed of(D)(Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D)	Ownership of Indirect Form: Beneficial Direct (D) Ownership	
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common stock		12/14/2015		Р		800	А	\$ 2.5	104,058	D		
Common stock		12/14/2015		Р		140	А	\$ 2.5	104,198	D		
Common stock		12/14/2015		Р		1,560	А	\$ 2.89	105,758	D		
Common stock		12/14/2015		Р		500	А	\$ 2.9	106,258	D		
Common stock		12/14/2015		Р		1,000	А	\$ 2.97	107,258	D		
Common stock		12/14/2015		Р		5,000	А	\$ 2.99	112,258	D		
Common stock		12/14/2015		Р		1,500	А	\$3	113,758	D		

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 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)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	Numb	ber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of			and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D	erivati	ve	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Se	ecuritie	es			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				A	cquire	d			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				(A	() or				4)			0	Direct (D)	
					Di	ispose	d						Reported	or Indirect	
					of	(D)							Transaction(s)	(I)	
						nstr. 3,							(Instr. 4)	(Instr. 4)	
					4,	and 5)								
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
								Excicisable	Date		of				
				Code V	(/	A) (I))				Shares				

Reporting Owners

Denseling Open Name (Adda	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
SETH SANDESH C/O RELMADA THERAPEUTICS, INC. 757 THIRD AVENUE, SUITE 2018 NEW YORK, NY 10017	х							

Signatures

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.