FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per respons	e 0.5				

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 Ty	pe Response	es)													
Name and Address of Reporting Person * Agharkar Shreeram			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) 12/16/2015						Office	r (give title belo		Other (specify b	elow)		
(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				ble Line)		
(City))	(State)	(Zip)		Tal	ble I - No	n-Deri	ivative S	ecurities	Acqu	ired, Dispe	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Execution Date, if Cod		Code (Instr. 8	le (A) or I (D)		ecurities Acquired or Disposed of rr. 3, 4 and 5)		d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership o Form: E Direct (D)	7. Nature of Indirect Beneficial Ownership			
						Code	V	Amour	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	stock		12/16/2015			P		1,000	A	\$ 3.45	5,259			D	
Common	stock		12/16/2015			P		100	A	\$ 3.25	5,359			D	
Reminder: I	Report on a	separate line f	or each class of secu	rities ben	eficially	owned di	ectly o	or							
•							cont	tained i	n this fo	rm ar	e not req	uired to re	formation espond unl ntrol numb	ess	EC 1474 (9- 02)
			,	erivative e.g., puts,								l			
Derivative Conversion Date Execute Security or Exercise (Month/Day/Year)		Execution Da Year) any	ate, if Transaction of		and (Mo	and Expiration Date (Month/Day/Year)		Am Uno Sec	itle and bunt of erlying urities tr. 3 and 8. Price of Derivative Security (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersl Form of Derivati Security Direct (I or Indire	Ownership (Instr. 4)		
							Dat	e	Expiratio	n T:41	Amount or le Number				

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Agharkar Shreeram						
C/O RELMADA THERAPEUTICS, INC.	X					
757 THIRD AVENUE, SUITE 2018	Λ					
NEW YORK, NY 10017						

Signatures

/s/ Shreeram Agharkar	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 nu	mber.