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

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 13, 2016

RELMADA THERAPEUTICS, INC.

(Exact name of registrant as specified in its charter)

Nevada	**333-184881**	**45-5401931**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

275 Madison Avenue, Suite 702 **New York, NY**	**10016**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code **(646) 677-3857**

757 Third Avenue, Suite 2018
New York, New York 10017

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a -12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d -2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure.

Officers of Relmada Therapeutics, Inc. will present to members of the investment community on Wednesday, January 13, 2016. A copy of the investor presentation to be used is attached to this Current Report on Form 8-K as Exhibit 99.1 and is also available in the "Investor Relations" section of the Corporation's website at www.relmada.com.

In accordance with General Instruction B.2 on Form 8-K, the information set forth in this Item 7.01 and the investor presentation attached to this report as Exhibit 99.1 is "furnished" and shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that Section, nor shall such information be deemed incorporated by reference in any filing under the Securities Exchange Act of 1934, as amended, or the Securities Act of 1933, as amended.

The investor presentation attached hereto as Exhibit 99.1 contains certain statements that may be deemed to be "forward-looking statements" within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. These forward-looking statements may include statements relating to our anticipated clinical and regulatory development of our product candidates; our cash position; cash flows; business strategies and initiatives; and other matters. We have based these forward-looking statements on the assumptions, expectations and projections about future events that we hold at the time the statements are made. We use words like "believe," "anticipate," "intend," "estimate," "expect," "project" and similar expressions to identify forward-looking statements, although not all forward-looking statements contain these words. These forward-looking statements are necessarily estimates reflecting the best judgment of our senior management and involve a number of risks and uncertainties that could cause actual results to differ materially from those suggested by the forward-looking statements.

By their nature, forward-looking statements involve risks and uncertainties because they relate to events, competitive dynamics, and healthcare, regulatory and scientific developments and depend on the economic circumstances that may or may not occur in the future or may occur on longer or shorter timelines than anticipated. Although we believe that we have a reasonable basis for each forward-looking statement contained in the presentation, we caution you that forward-looking statements are not guarantees of future performance and that our actual results of operations, financial condition and liquidity, and the development of the industry in which we operate may differ materially from the forward-looking statements contained in the presentation as a result of, among other factors, the factors referenced in the "Risk Factors" section of our Annual Report on Form 10-K filed with the Securities and Exchange Commission during September 2015 and the "Risk Factors" sections of our Quarterly Reports on Form 10-Q filed with the Securities and Exchange Commission during February, May and November 2015. In addition, even if our results of operations, financial condition and liquidity, and the development of the industry in which we operate are consistent with the forward-looking statements contained in the presentation, they may not be predictive of results or developments in future periods. Any forward-looking statements that we make in the presentation speak only as of the date of such statement, and we undertake no obligation to update such statements to reflect events or circumstances after the date of the presentation, except as required by law.

You should read carefully our "Cautionary Note Regarding Forward-Looking Statements" and the factors described in the "Risk Factors" sections of our Annual Report on Form 10-K to better understand the risks and uncertainties inherent in our business.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Relmada Therapeutics, Inc., Corporate Presentation.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Dated: January 13, 2016

RELMADA THERAPEUTICS, INC.

By: /s/ Sergio Traversa
Name: Sergio Traversa
Title: Chief Executive Officer

Exhibit 99.1


RELMADA
THERAPEUTICS
Innovations in Pain Medicine™
January 2016
Ticker Symbol
OTCQB:RLMD

Forward Looking Statements

Certain statements contained in this presentation or in other documents of Relmada Therapeutics (the "Company"), along with certain statements that may be made by management of the Company orally in presenting this material, may contain "forward-looking statements." These statements can be identified by the fact that they do not relate strictly to historic or current facts. They use words such as "estimate," "expect," "intend," "believe," "plan," "anticipate," "projected" and other words and terms of similar meaning in connection with any discussion of future operating or financial performance or condition. These statements are based upon the current beliefs and expectations of the Company's management and are subject to significant risks and uncertainties. Statements regarding future action, future performance and/or future results including, without limitation, those relating to the timing for completion, and results of, scheduled or additional clinical trials and the FDA's or other regulatory review and/or approval and commercial launch and sales results (if any) of the Company's formulations and products and regulatory filings related to the same may differ from those set forth in the forward-looking statements. Peak sales and market size estimates have been determined on the basis of market research and comparable product analysis, but no assurances can be given that such sales levels will be achieved, if at all, or that such market size estimates will prove accurate.

Because actual results are affected by these and other potential risks, contingencies and uncertainties, the Company cautions investors that actual results may differ materially from those expressed or implied in any forward-looking statement. It is not possible to predict or identify all such risks, contingencies and uncertainties. The Company identifies some of these factors in its Securities and Exchange Commission ("SEC") filings on Forms 10-K, 10-Q and 8-K, and investors are advised to consult the Company's filings for a more complete listing of risk factors, contingencies and uncertainties effecting the Company and its business and financial performance.

The Company assumes no obligation to update forward-looking statements as circumstances change. Investors are advised to consult further disclosures that the Company makes or has made on related subjects in the Company's Form 10-K, 10-Q and 8-K reports.

Company Highlights

- Robust portfolio of four drugs in development that address unmet needs in the largest drug prescription market in the world: the treatment of pain
- Three products combine proven drug candidates with novel delivery methods to create new drugs with new indications, while the fourth is a new entity
- A low cost, low risk drug development strategy that provides the ability to bring products to market faster for three of our four products
- A risk balanced, therapeutically focused product portfolio mitigates development risk while promising significant upside
- Highly experienced drug development leadership and world class scientific advisors provide the expertise to efficiently advance product development

Experienced Senior Management

An impressive track record developing and commercializing successful drugs

Sergio Traversa, PharmD *Chief Executive Officer*	Eli Lilly, Johnson & Johnson, ING Barings, Mehta & Isaly, Merlin BioMed, Rx Capital
Richard Mangano, Ph.D. *Chief Scientific Officer*	Hoffman-La Roche, Lederle Laboratories, Wyeth, Adolor
Lisa Nolan, Ph.D. *Chief Business Officer*	Zeneca, Elan, SkyePharma
Michael Becker *Senior VP, Finance & Corp Dev*	Cytogen, VioQuest, Kidder Peabody, Kemper Securities, Wayne Hummer Investments
Danny Kao, Ph.D., J.D. *Senior VP of Pharmaceutical Development and Chief IP Counsel*	Endo Pharmaceuticals, DuPont Pharma

RELMADA THERAPEUTICS

Scientific Advisors

Internationally recognized expertise from world-class scientific advisors

Memorial Sloan Kettering Cancer Center

Gavril Pasternak, MD, PhD

- Anne Burnett Tandy Chair in Neurology
- Laboratory Head, Molecular Pharmacology and Chemistry Program
- Memorial Sloan Kettering Cancer Institute
- Professor of Neurology & Neuroscience, Pharmacology and Psychiatry at the Weill Medical School of Cornell University

Imperial College London

Andrew Rice, MD, FRCA

- Professor of Pain Research at Imperial College of London
- Director of the London Pain Consortium
- Steering Committee Member of EUROPAIN
- Secretary of the International Association for the Study of Pain

JOHNS HOPKINS MEDICINE

Eric C. Strain, MD

- Professor of Psychiatry, Johns Hopkins University School of Medicine
- Director, Behavioral Pharmacology Research Unit
- Director, Johns Hopkins Substance Abuse Treatment and Research

Penn University of Pennsylvania

Michael Thase, MD

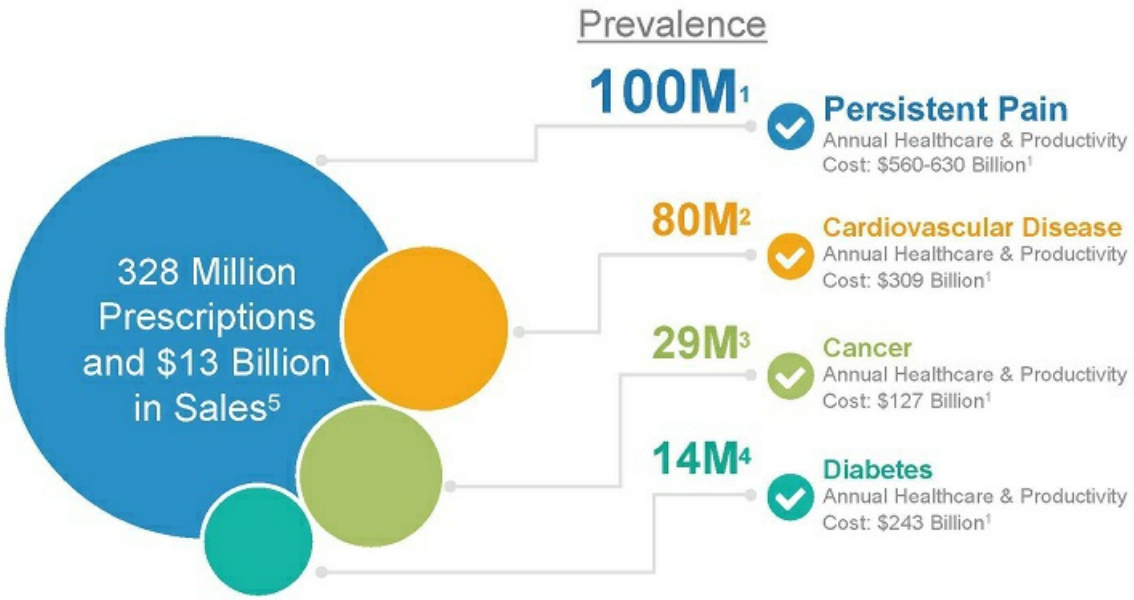
- Professor of Psychiatry, School of Medicine University of Pennsylvania
- Chief, Division of Mood and Anxiety Disorders Treatment & Research
- Member American College of Psychiatrists and American College of Neuropsychopharmacology

University of Rochester Medical Center

Robert H. Dworkin, PhD

- Professor of Anesthesiology, Neurology, Oncology, and Psychiatry
- University of Rochester School of Medicine and Dentistry
- Director, ACTTION, FDA-academic partnership on analgesics

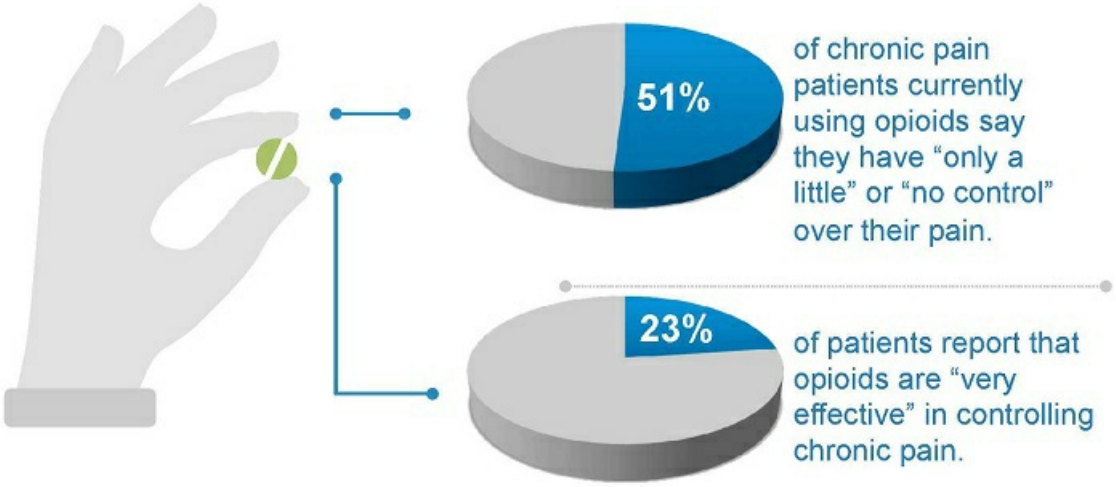
Pain: Largest U.S. Public Health Crisis



[1] Institute of Medicine 2011: Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research
[2] The Heart Foundation (http://www.theheartfoundation.org/heart-disease-facts/heart-disease-statistics/)
[3] American Cancer Society. Cancer Facts & Figures 2014. Atlanta: American Cancer Society; 2014.
[4] American Diabetes Association (http://www.diabetes.org/diabetes-basics/statistics/)
[5] IMS Health; 2014 data

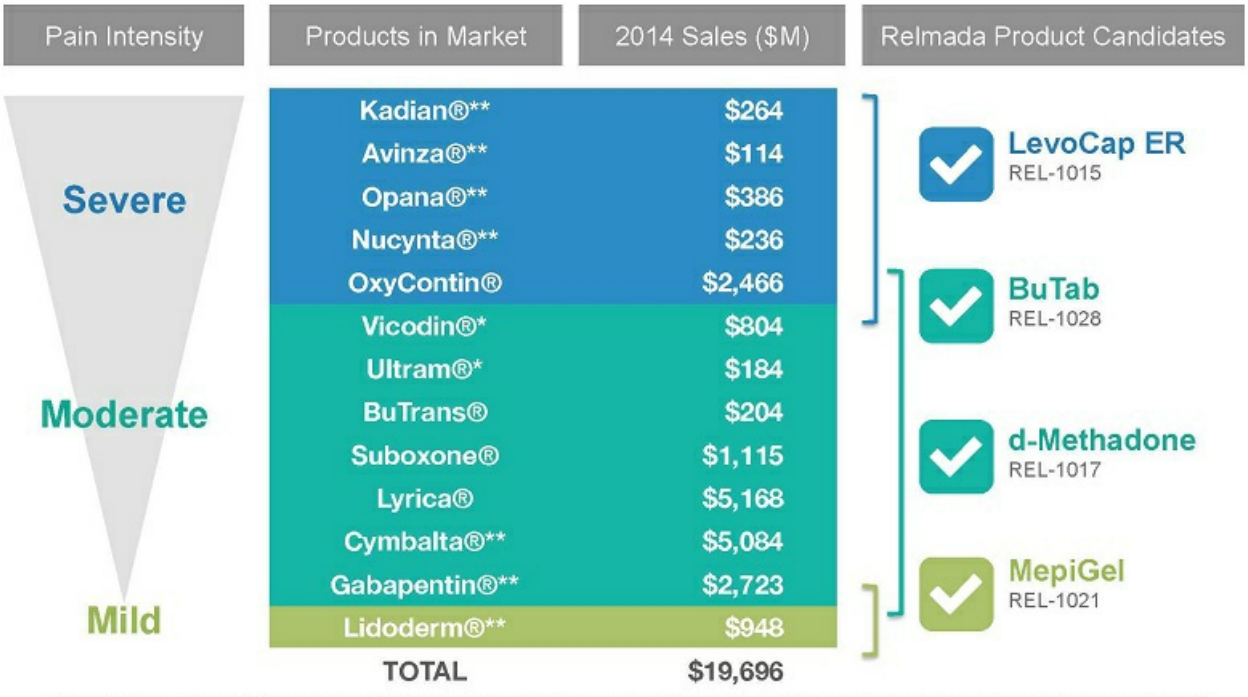
Unsatisfied Market

Better pain drugs are needed



Source: Voice of Chronic Pain – A National Study Conducted for the American Pain Foundation

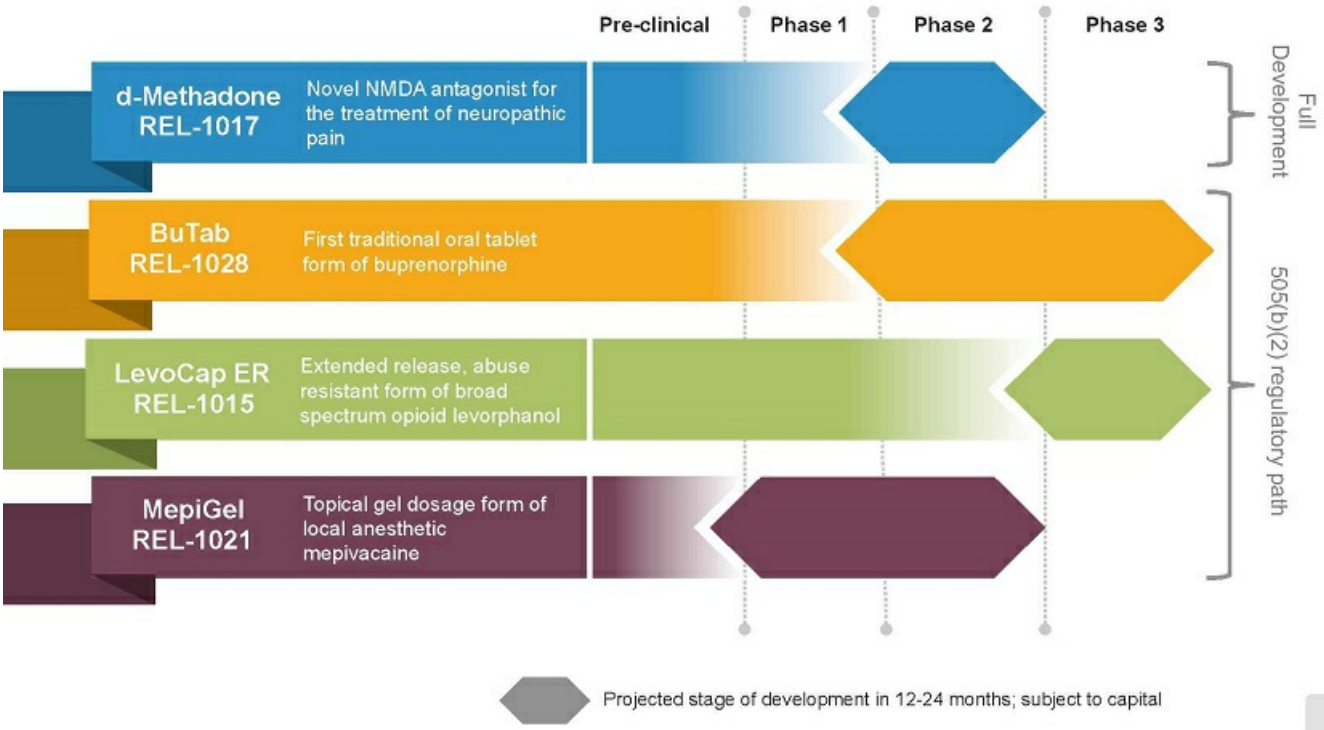
Portfolio Covers Entire Chronic Pain Spectrum



* Includes generics
** Peak sales
Source: IMS Health, Company Annual Reports

Robust Product Portfolio

Significant value creation possible in 12-24 months due to accelerated development timelines



Projected stage of development in 12-24 months; subject to capital

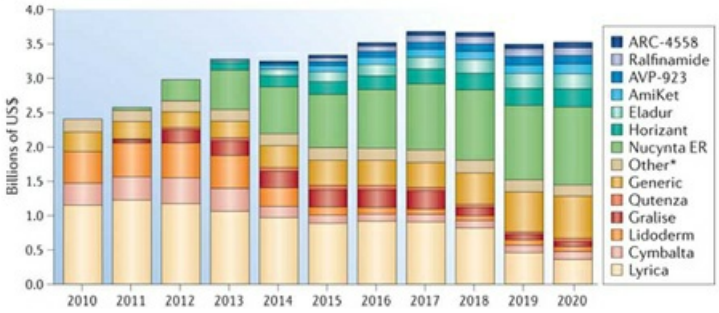
d-Methadone (REL-1017, dextromethadone)

Novel NMDA antagonist for the treatment of neuropathic pain

d-Methadone – A New Drug for the Treatment of NP

Neuropathic pain represents a multi-billion market opportunity ready for a new effective entry

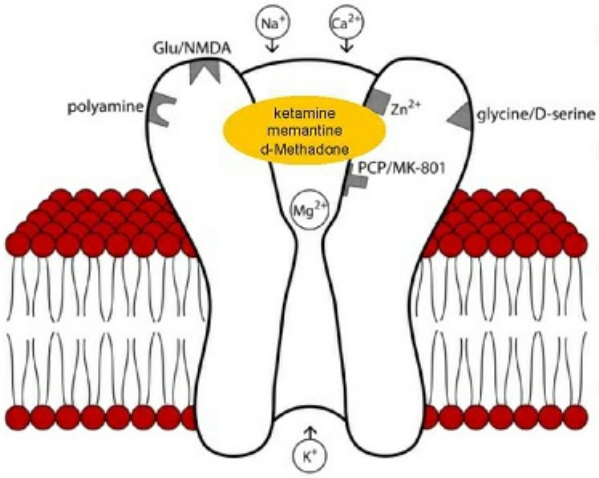
- d-Methadone is a novel drug
  - Potential new treatment for >6 million patients suffering from the most commonly studied chronic neuropathic pain subtypes, including diabetic neuropathic pain (DNP), postherpetic neuralgia (PHN) and HIV-related neuropathic pain[1]
    - Neuropathic pain market is expected to grow from $2.4 billion in 2010 to $3.6 billion by 2020[1]
  - Hyperactivity of N-methyl-D-aspartate (NMDA) receptors is one of the factors in the genesis of neuropathic pain[2]
  - d-Methadone is a non-competitive antagonist of the NMDA receptor
  - Virtually exempt from opioid activity and related side effects associated with racemic and l-methadone at studied doses



[1] The neuropathic pain market. S Nightingale. Nature Reviews Drug Discovery 11, 101-102 (February 2012).
[2] Pain. 1994 Jan;56(1):51-7. Response of chronic neuropathic pain syndromes to ketamine: a preliminary study. Backonja M, et al.

NMDA Receptor – Validated Target in Neuropathic Pain

Safety of some antagonists, such as ketamine, precludes clinical use



At rest, the receptor pore is blocked by Mg2+ which must be removed by slight membrane to allow cation conductance. Binding sites for glutamate, the endogenous co-agonists D-serine and glycine, and endogenous modulators such as polyamines, Zn2+, and protons are primarily localized to extracellular domains. Psychomimetic NMDA antagonists such as phencyclidine (PCP) and MK-801 bind to deep regions of the channel pore, while non-psychomimetic antagonists such as memantine blocks superficial regions of the channel pore.[3]

- Glutamate is the neurotransmitter that binds as an agonist to the NMDA receptor propagating neurotransmission of pain signals
- d-methadone is a non-competitive antagonist, it antagonizes signaling only when the NMDA receptor is activated and not in the normal state
- Another non-competitive antagonist, ketamine, is clinically effective in neuropathic pain but side-effects limit clinical utility[1]
- Differences in toxicity profiles for NMDA antagonists (memantine, ketamine, etc.) may relate to the degree to which they are 'trapped' within the closed channel of NMDA receptors following removal of agonist[2]

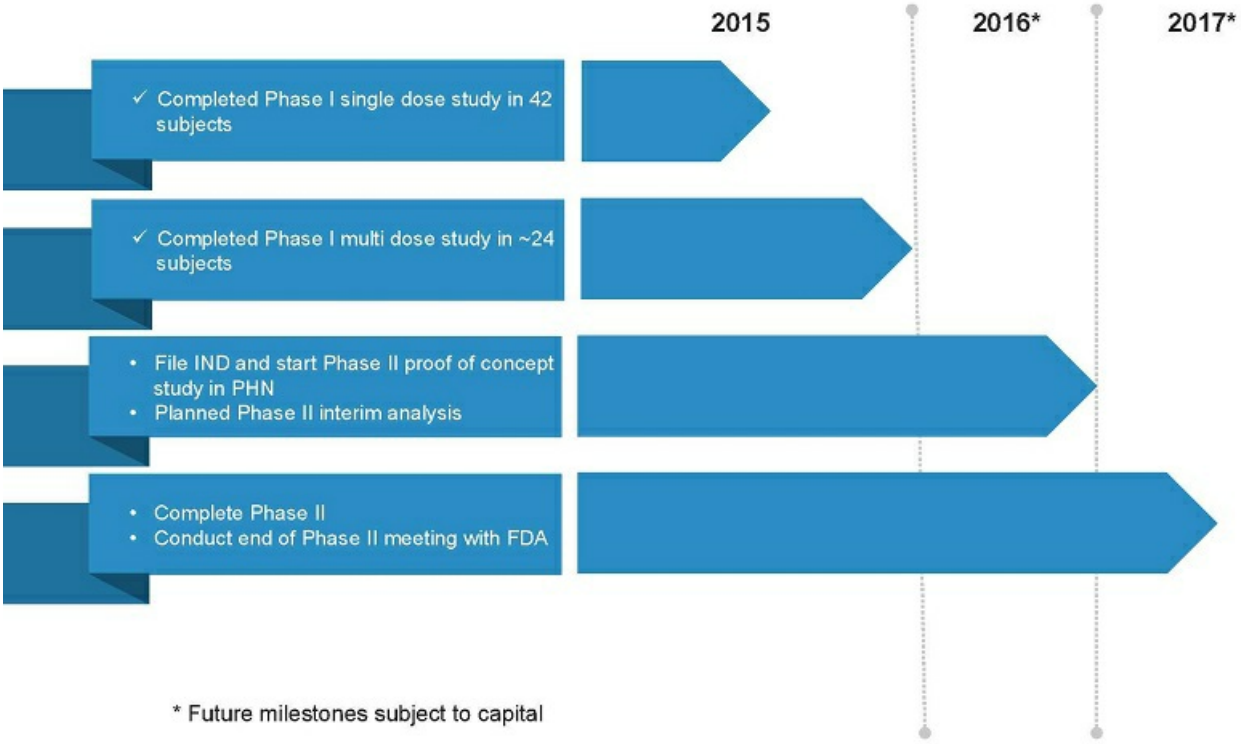
[1] Br J Clin Pharmacol. 2014 Feb; 77(2): 357–367. Ketamine for chronic pain: risks and benefits. M Niesters, et al.
[2] J Physiol. 2009 Oct 1;587(Pt 19):4589-604. doi: 10.1113/jphysiol.2009.176297. Epub 2009 Aug 17. Memantine binding to a superficial site on NMDA receptors contributes to partial trapping. SE Kotermanski, et al.
[3] Pharmaceuticals 2013, 6(2), 251-268; NMDA Receptor Modulators in the Treatment of Drug Addiction. SE Tomek, et al.

d-Methadone – Single/Multiple Ascending Dose Studies

- SAD study conducted in 42 healthy, opioid naive subjects; MAD study conducted in 24 subjects
- The objective was to evaluate the safety, tolerability, pharmacodynamics and pharmacokinetics of oral single and multiple ascending doses of d-Methadone in healthy subjects in order to establish an MTD
- The study results indicate that d-Methadone was generally well tolerated and a maximum tolerated dose (MTD) was achieved
- The MTD was many fold higher than that of racemic methadone in opioid naïve subjects
- At tolerated doses, there were no signs or symptoms of opioid- or ketamine-like adverse events
- A Phase II proof-of-concept study is planned to begin in 2016

d-Methadone Next Steps

Multiple development milestone potential in next 12-24 months



* Future milestones subject to capital

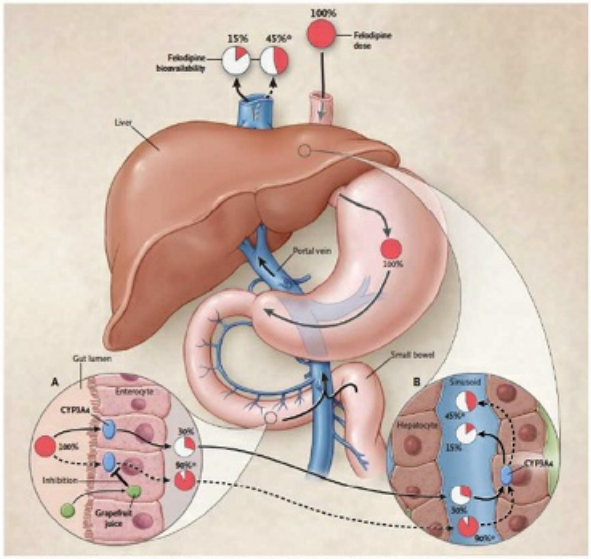
BuTab (REL-1028)

First oral tablet form of buprenorphine for treating both pain and addiction

BuTab – Benefits, Advantages, Features

The first form of buprenorphine in a tablet for use in pain and treating addiction

- Buprenorphine is a partial opioid agonist with two indications: addiction and pain
- No "traditional oral tablet" available for buprenorphine
  - Historically suffers from poor oral bioavailability due to first-pass metabolism in upper GI and liver
- BuTab is a modified release, enteric coated formulation of buprenorphine
  - Coating designed to bypass metabolism of buprenorphine by CYP3A4 in the small bowel to increase oral bioavailability
  - Bypassing or inhibiting CYP3A4 has been shown to increase bioavailability of several drugs (*see example to right*)



First-pass metabolism after oral administration of a drug, as exemplified by felodipine (Plendil®) and its interaction with grapefruit juice[1]. CYP3A enzymes (e.g., CYP3A4) present in enterocytes of the intestinal epithelium extensively metabolize felodipine during its absorption, and on average only 30 percent of the administered dose enters the portal vein (solid line). Subsequently, CYP3A enzymes in the liver further metabolize the drug so that only 15 percent of the dose is bioavailable and finally reaches the systemic circulation. CYP3A inhibition, in this case using grapefruit juice, increases the oral bioavailability of felodipine by a factor of three.

[1] Drug Metabolism and Variability among Patients in Drug Response. GR Wilkinson. N Engl J Med 2005; 352:2211-2221

RELMADA THERAPEUTICS

Buprenorphine Landscape

Nearly a $2 billion annual market for pain and opioid addiction indications

Pain Therapy

(>$500 Million Market Opportunity[1])

Sublingual Film/Tablet & Buccal Patch

Product	Company	Status
Belbuca	Endo/BDSI	NDA

Transdermal Patch

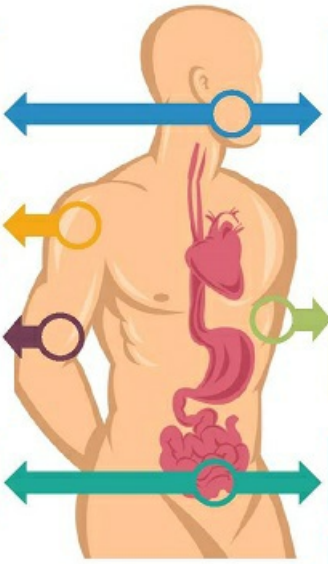
BuTrans	Purdue	Mkt

Intravenous

Buprenex	Indivior	Mkt

Oral, Swallowable Tablet

BuTab	Relmada	Ph 1



Opioid Addiction

(~$1.8 Billion Market[2])

Sublingual Film/Tablet & Buccal Patch

Product	Company	Status
Suboxone	Indivior	Mkt
Zubsolv	Orexo	Mkt
Bunavail	BioDelivery Sciences	Mkt

Implants & Depot Formulations

Probuphine	Titan/Braeburn	NDA
RBP-6000	Indivior	Ph 3

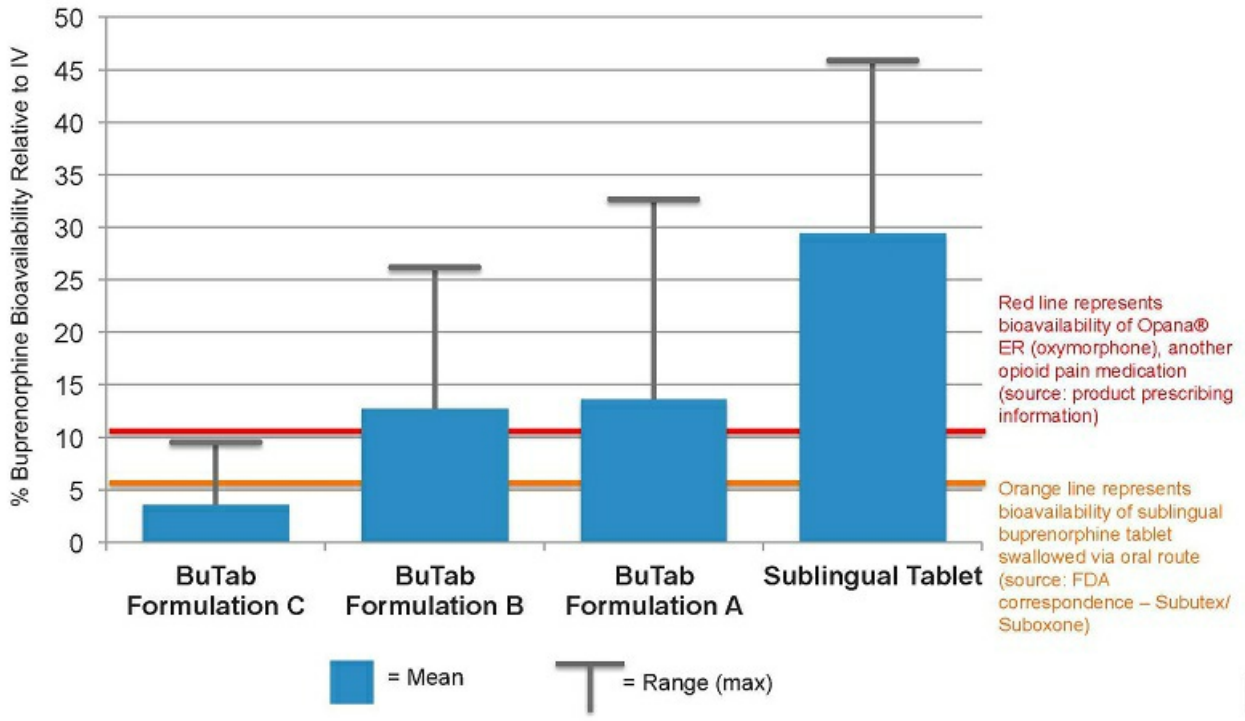
Oral, Swallowable Tablet

BuTab	Relmada	Ph 1
RBP-6300 Prodrug	Indivior	Ph 1

[1] BioDelivery Sciences 2014 annual report
[2] Symphony Health; integrated sales of buprenorphine products for opioid dependence through 2014. US Sales only.

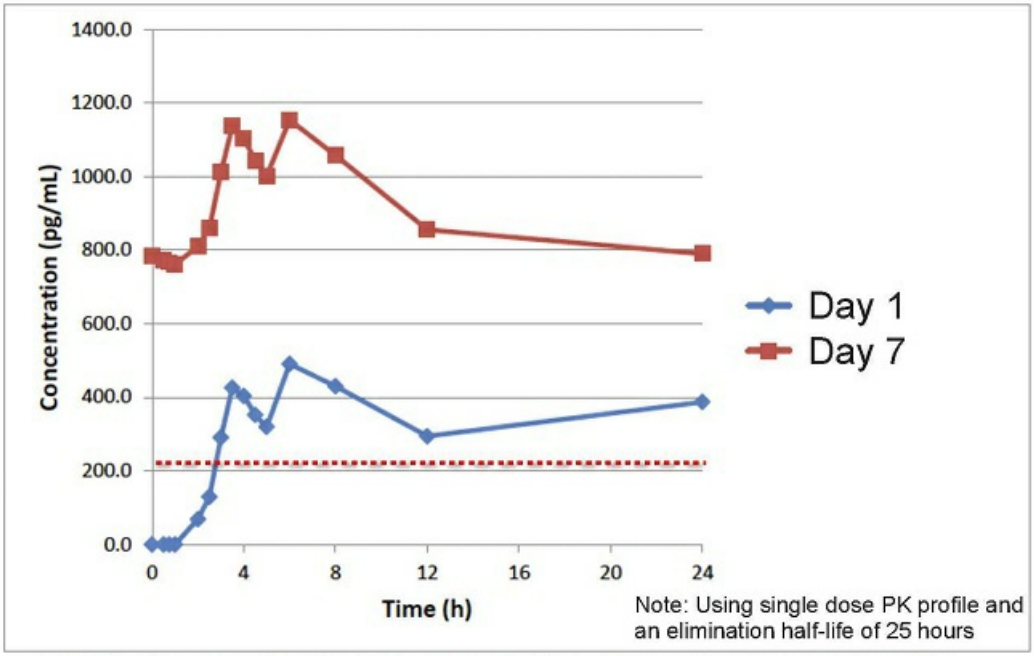
Positive Proof-of-Concept PK Study

Absolute Bioavailability of BuTab Relative to Intravenous Administration Exceeded Published Data with Non-Modified Buprenorphine



BuTab PK Modeling of Multiple Dose Administration

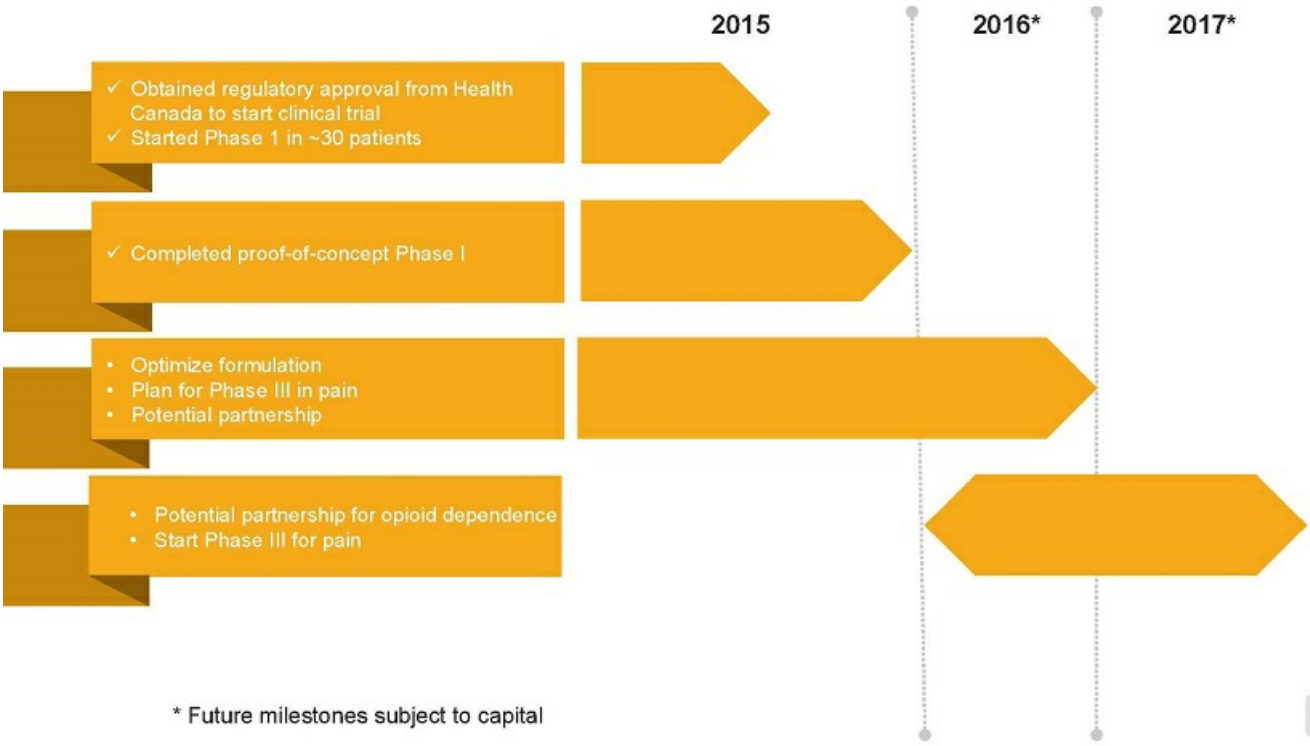
Predicted steady state plasma levels fall within the therapeutic range of approved buprenorphine products for treatment of chronic pain



- Dashed red line represents steady state plasma concentrations of Butrans® 10 mcg/hour (source: product prescribing information)

BuTab Next Steps

Multiple development milestone potential in next 12-24 months



* Future milestones subject to capital

LevoCap ER (REL-1015)

Extended release, abuse resistant form of broad spectrum opioid levorphanol

LevoCap ER – Benefits, Advantages, Features

LevoCap ER will compete in the $8.5 billion opioid market if approved

- LevoCap ER is an extended release, abuse deterrent, patent protected formulation of levorphanol
- Levorphanol is a unique, broad spectrum opioid with additional "non-opioid" mechanisms of action
  - Can treat both pain from damage to body tissue (nociceptive) and nerve damage (neuropathic)
  - Specialist product; opportunity to educate broader medical community
- Several older drugs have been reformulated and introduced into the market achieving great commercial success:

Original Drug	First Introduced	Branded Product	Re-Introduced	Peak Sales*
Oxycodone	1926	OxyContin ER®	1995	$3,300 M
Fentanyl	1964	Duragesic®	1990	$2,100 M
Oxymorphone	1959	Opana®	2006	$ 408 M
Levorphanol	1954	LevoCap ER	TBD	

* Includes generics

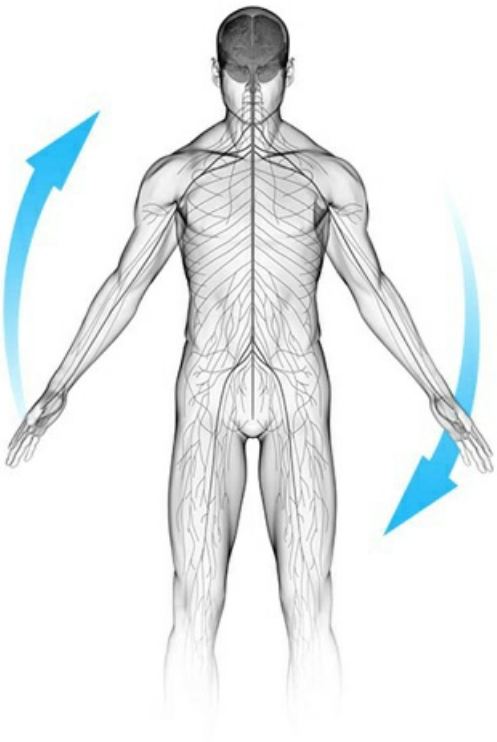
How LevoCap ER Works

Levorphanol's multi-modal mechanism of action provides for a more robust efficacy profile and potentially could be used alone for patients who take multiple drugs

Opioid Mechanism

Ascending Pathways

Works to inhibit pain by binding to opioid receptors



Non-Opioid Mechanism

Descending Pathways

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) affect the nerve cells in the brain and inhibit the reuse of specific neurotrans-mitters to enhance inhibition of pain signaling

RELMADA THERAPEUTICS

Levorphanol's Broad Spectrum Activity

Levorphanol's multi-modal mechanism of action provides for a more robust efficacy profile and potentially could be used alone for patients who take multiple drugs

Opioid Mechanism

K_i 0.13 nM — **Traditional Mu Opioid Receptors**

K_i 17 nM — **Delta Opioid Receptor**

K_i 4.7 nM — **Kappa Opioid Receptor**

Non-Opioid Mechanism

Serotonin Reuptake Inhibitor — IC50 5HT: 52 nM

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) affect the nerve cells in the brain and inhibit the reuse of specific neurotransmitters to enhance inhibition of pain signaling

Norepinephrine Reuptake Inhibitor — IC50 NE: 2.1 uM

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) affect the nerve cells in the brain and inhibit the reuse of specific neurotransmitters to enhance inhibition of pain signaling

NMDA — K_i 0.48 uM

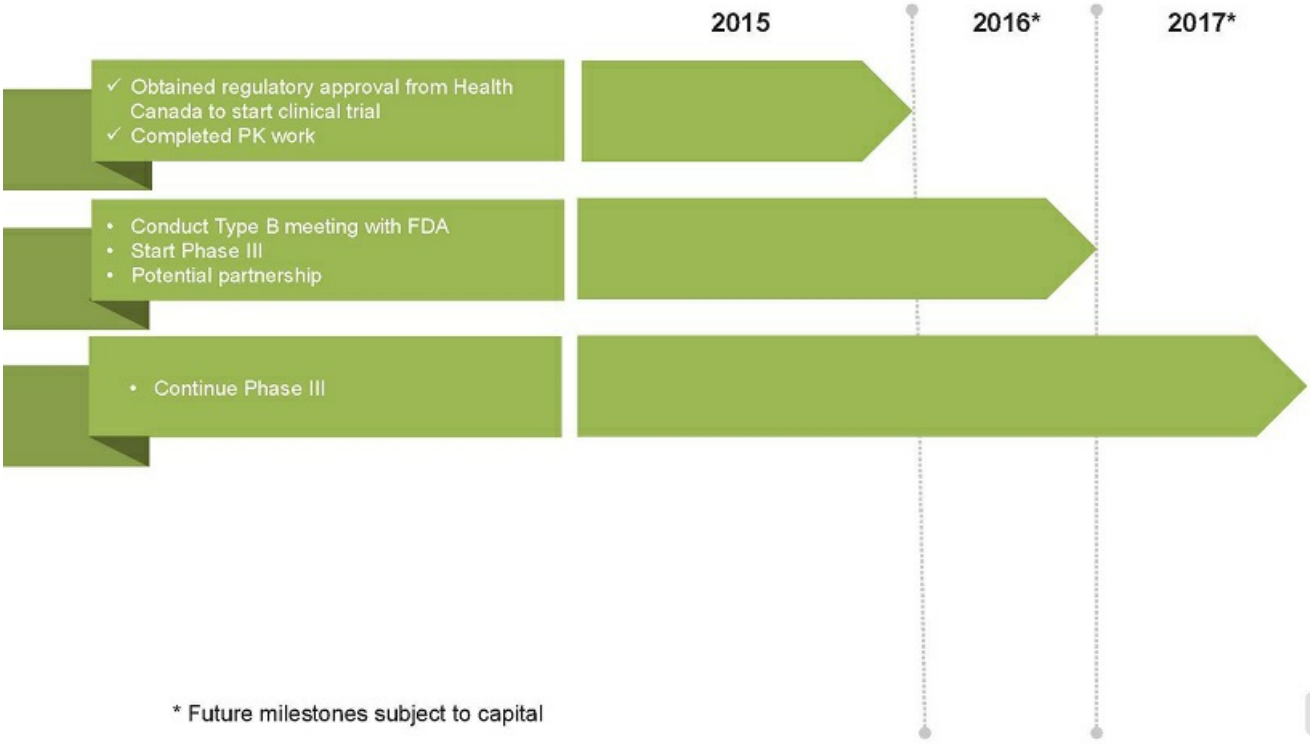
N-methyl-D-aspartate (NMDA) is implicated in central sensitization pathway responsible for chronic pain

= Binding profile[1]

[1] Relmada In Vitro Pharmacology Study of 9 Compounds: Study no. 16542 (September 10, 2009). Relmada In Vitro Pharmacology Study of Several Compounds: Study no. 100015748 (June 4, 2014)

LevoCap ER Next Steps

Multiple development milestone potential in next 12-24 months



* Future milestones subject to capital

MepiGel (REL-1021)

Topical gel dosage form of the local anesthetic mepivacaine for the treatment of neuropathic pain

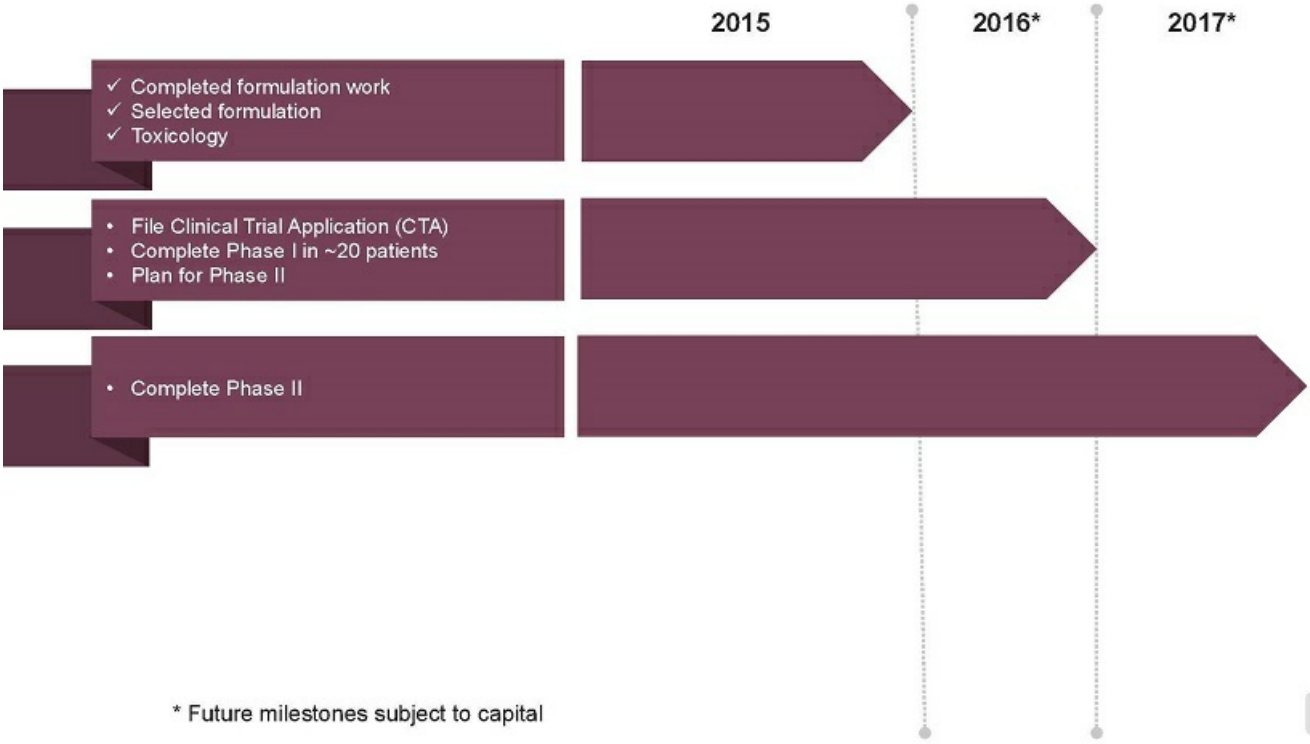
MepiGel – Benefits, Advantages, Features

MepiGel will compete with Lidoderm® patch and its $948 million in peak sales if approved

- MepiGel is the first topical gel dosage form of local anesthetic mepivacaine, which has intrinsic vasoconstrictor attributes
  - Reduces rate at which drug is cleared away from skin
  - Better efficacy may last longer due to greater skin penetration/retention
  - More convenient application for patient
- Two Orphan Drug designations
  1. Management of postherpetic neuralgia (PHN)
  2. Treatment of painful HIV-associated neuropathy
- Limited number of treatments available for neuropathic pain
  - Topical 5% lidocaine patch (Lidoderm®) provides only modest pain relief in patients with PHN; reached peak sales of $948 million
    - 2010 UK Nat'l Instit of Health and Clinical Excellence (NICE) guideline cites "lack of evidence for efficacy for treating neuropathic pain" and 3rd line
  - Patches have poor adhesion to hands, feet, and hairy skin

MepiGel Next Steps

Multiple development milestone potential in next 12-24 months



* Future milestones subject to capital

MILESTONES & COMMERCIAL OPPORTUNITY

RELMADA THERAPEUTICS

Near-term Value Drivers

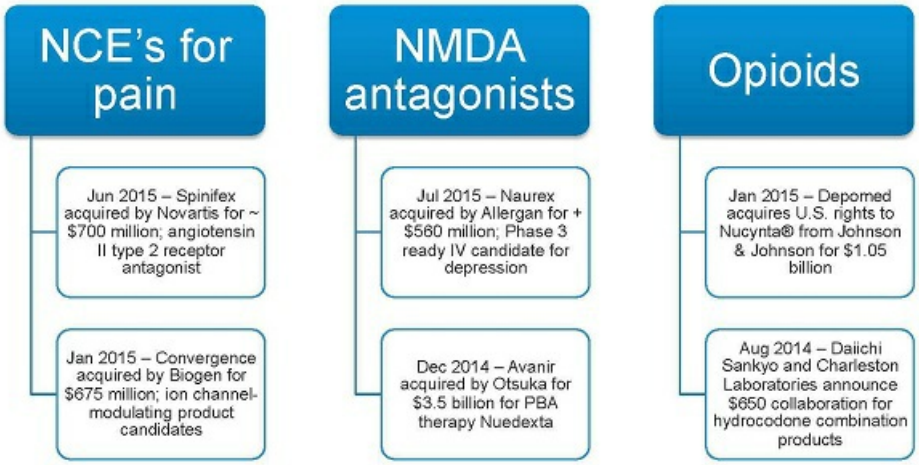
Multiple development milestone potential in next 12-24 months

	2015		2016*	2017*
d-Methadone REL-1017	✓Completed Phase I single dose study in 42 subjects	✓ Completed Phase I multi dose study in ~24 subjects	• File IND and start Phase II proof of concept study in PHN • Planned Phase II interim analysis	• Complete Phase II • End of Phase II meeting with FDA
BuTab REL-1028	✓Obtained regulatory approval from Health Canada to start clinical trial ✓Started Phase 1 in ~30 patients	✓ Completed proof-of-concept Phase I	Potential partnership for opioid dependence • Optimize formulation • Plan for Phase III in pain • Potential partnership	• Start Phase III for pain
LevoCap ER REL-1015	✓Obtained regulatory approval from Health Canada to start clinical trial	✓ Completed PK work	• Conduct Type B meeting with FDA • Start Phase III • Potential partnership	• Continue Phase III
MepiGel REL-1021		✓ Completed formulation work ✓ Select formulation ✓ Toxicology	• File Clinical Trial Application (CTA) • Complete Phase I in ~20 patients • Plan for Phase II	• Complete Phase II
Corporate		✓ Applied for uplisting	• Uplisting to National Exchange	

* Future milestones subject to capital

Recent Deal Flow and Financing

Activity fits well with Relmada's pipeline



RELMADA THERAPEUTICS

Industry Peer Group

Company	Symbol	Market Cap ($M)	Business Summary
Egalet	EGLT	~$263	Have abuse deterrent technology. Market Oxado IR for acute pain also a ketorolac nal spray. Developing a range of opioids in ADT including morphine in P3, oxycodone in P2. Licensed hydrocodone to Shionogi. Revenue $2M
Acura	ACUR	~$27	Have abuse deterrent technology. Working on a wide range of opioids. Market abuse deterrent psuedoephedrine product and Oxaydo licensed to Egalet. Revenue $6M
Biodelivery Sciences	BDSI	~$269	Focsed on pain and addiction. Launched Bunavail for addiction in 2014. Have a clonidine patch in P3 (failed) for neuropathic pain. Market Onsolis (fentanyl) for breakthrough pain. Have buprenorphine depot in development for addiction. Licensed Belbucca (buccal buprenorphine) to Endo for chronic pain - NDA filed. Revenue $38M
Collegium	COLL	~$542	Focused on pain. Filed abuse deterrent oxycodone product and are establishing infrastructure to launch XtampZa ER (filed). Other opioid products in early development.
Durect	DRRX	~$269	Drug Delivery company. Markets products outside pain but have licensed Eladur (transdermal bupivacaine to Impax in 2014). Also developing sustained release injectible bupivacaine for post-op pain (Posidur). Licensed Remoxy (ADT oxycodone) to Pain Therapeutics - filed. Revenue $18M
Intelli-pharmaceutics	IPCI	~$50	Developing ADT oxycodone. Also have a range of ANDAs in multiple theraputica areas. Do not do clinical development. Formulation technology focused. Revenues $5M
Pernix	PTX	~$176	Revenue 136M. Acquired Zohydro from Zogenix. Sell Treximet for migraine and have a range of hydrocodone-based cough supressants.
KemPharm	KMPH	~$281	Developing oral prodrugs of opioids to prevent abuse. Lead product (HC/APAP) near NDA filing

Source: Yahoo! Finance and company reports; market cap as of Dec 29, 2015

Financial Snapshot

Ticker	RLMD (OTCQB)
Cash & Equivalents (as of 9/30/15)	~$19.1 million
Operating Expenses (three months ended 9/30/15)	$4.6 million
Common Shares Outstanding (as of 11/6/15)	~11.5 million
52-Week Stock Price Range	$2.00 to $19.90

Company Highlights

- Robust portfolio of four drugs in development that address unmet needs in the largest drug prescription market in the world: the treatment of pain
- Three products combine proven drug candidates with novel delivery methods to create new drugs with new indications, while the fourth is a new entity
- A low cost, low risk drug development strategy that provides the ability to bring products to market faster for three of our four products
- A risk balanced, therapeutically focused product portfolio mitigates development risk while promising significant upside
- Highly experienced drug development leadership and world class scientific advisors provide the expertise to efficiently advance product development

RELMADA
THERAPEUTICS

Innovations in Pain Medicine™

275 Madison Avenue, Suite 702
New York, NY 10016
www.relmada.com
Email: info@relmada.com

Ticker Symbol
OTCQB:RLMD