## FORM 4

longer subject to

may continue. See Instruction 1(b).

Section 16. Form 4 or Form 5 obligations

# Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

OMB APPF	ROVAL
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nours per response	e 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person * TRAVERSA SERGIO				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., 750 THIRD AVENUE, 9TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 10/20/2017							X Officer (give title below) Other (specify below)  Chief Executive Officer				
(Street) NEW YORK, NY 10016				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  X. Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu			s Acquired,	uired, Disposed of, or Beneficially Owned							
1.Title of S (Instr. 3)	Security				or Disposed of str. 3, 4 and 5)  (A) or	of (D) Owr Tran	Transaction(s) (Instr. 3 and 4)		d OF	wnership orm: irect (D) r Indirect	Beneficial Ownership				
Reminder:	Report on a	separate line for eac	h class of securities	beneficia	any c	owned dire	ctry (		who respon	d to the c	ollection	of informa	ation	SEC 1	174 (9-02)
Reminder:	Report on a	separate line for eac	Table II -	Derivati	ve S	ecurities A	Acqui	Persons containe form dis	who responed in this foresplays a currented of, or Bene	m are not ently valid eficially Ow	required I OMB co	to respon	d unless the		174 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II -  3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	ve Ses, ca	ecurities A	Acqui ents, or er of e (A)	Persons containe form dis ired, Dispos options, con	s who responded in this formal plays a current of the current of t	m are not ently valid eficially Ow	required of OMB convened of Amount ing	to respond ntrol numl	d unless the	10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transac Code	ve Ses, ca	ecurities A Ils, warra 5. Number Derivative Securities Acquired or Dispos of (D) (Instr. 3, 4	Acquiants, or of ee (A) eed	Persons containe form dis ired, Dispos options, con 6. Date Exe Expiration I	who responded in this formula in this formula in this formula in the control in t	m are not ently valid eficially Ow ities)  7. Title and of Underly Securities	required of OMB convened of Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indires Beneficie Owners! (Instr. 4)

#### **Reporting Owners**

Description Common Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
TRAVERSA SERGIO C/O RELMADA THERAPEUTICS, INC. 750 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10016	Х		Chief Executive Officer			

### **Signatures**

/s/ Sergio Traversa	10/23/2017
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.

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.