# FORM 4

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

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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

1 Nome or															
1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading Symbol					5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Kelly Paul Edward			RELMADA THERAPEUTICS, INC. [RLMD]					X	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) 12/20/2018						Officer (give	title below)	Other	(specify below)			
(Street)			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						
NEW YO	ORK, NY 1	0016									Form filed by !	More than One F	Reporting Person		
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Dee Executi any (Month	on D	Oate, if Co (Ir //Year)		(A (In	Securities Acquired or Disposed of Securities Acquired (A) or (A) or (D)	of (D) Own Tran		ecurities Being Reported	O O FC D or (T)	wnership of orm: Be irect (D) Ov Indirect (In	eneficial wnership
Reminder:	report on a	•													
Reminder:	Report on a							form dis	s who responed in this for eplays a curr sed of, or Bene	m are not ently valid	required I OMB co	to respond	d unless the	SEC 147	/4 (9-02)
	·			<i>(e.g.</i> , put		lls, warra	nts,	form dis	ed in this for splays a curr sed of, or Bene vertible secur	m are not ently valid ficially Ow ities)	required I OMB co	to respond ntrol numb	d unless the per.		, ,
1. Title of	2. Conversion	3. Transaction	3A. Deemed Execution Date, if	4. Transaci Code	tion	Ils, warra 5. Numbe	r of e (A)	form dis	ed in this for splays a curr sed of, or Bene evertible secur reisable and Date	m are not ently valid	required I OMB convined  d Amount ing	to respond ntrol numb	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Natur of Indirec Beneficia
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date, if any	4. Transaci Code	tion	5. Number Derivative Securities Acquired or Disposof (D) (Instr. 3, 4	r of e (A)	containe form dis ired, Dispos options, con 6. Date Exe Expiration	ed in this for splays a curricular action of the securitists and Date (y/Year)	m are not ently valid ficially Ow ities)  7. Title and of Underly Securities	required I OMB convined  d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Owned Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh

#### **Reporting Owners**

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

# **Signatures**

/s/ Paul E. Kelly	12/20/2018
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.