FORM 4

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

OIVIB APPROVAL				
OMB Number:	3235-0287			
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Check this box if no 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

		s)													
1. Name and Address of Reporting Person CASAMENTO CHARLES J			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						
	MADA TI	(First) HERAPEUTICS 12TH FLOOR		3. Date of Earliest Transaction (Month/Day/Year) 07/29/2019				Officer (give	title below)	Oth	r (specify belo	w)			
NEW YO	ORK, NY 1	(Street) 10022		4. If Am	endmen	, Date	Origi	nal Filed(Mo	nth/Day/Year)		Individual or Form filed by C Form filed by M	ne Reporting P	erson	Applicable Lin	2)
(City	y)	(State)	(Zip)			Ta	ble I	- Non-Deri	vative Securition	es Acquirec	l, Disposed o	of, or Benef	icially Owne	d	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execut any	A. Deemed xecution Date, in hy Month/Day/Year			(A	Securities Acqual or Disposed on Str. 3, 4 and 5)	of (D) Ow Tra	Amount of Se rned Followir nsaction(s) str. 3 and 4)]	Ownership Form: Direct (D)	Beneficial Ownership	
							Code	e V A	(A) or (D)	Price	or Indirect			(Instr. 4)	
								in this f	s who respon orm are not re ntly valid OME	equired to	respond u				1474 (9-02)
								in this f	orm are not r	equired to	respond u				1474 (9-02)
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g., pu 4. Transact Code	5. Notion Den	warra Jumber ivative urities juired (Dispose	of A)	in this f a currentired, Dispo options, con	orm are not rently valid OME sed of, or Bene avertible secur reisable and Date	equired to 3 control r ficially Ow	respond unumber. red d Amount	8. Price of		ys of 10.	11. Natu of Indire Beneficive Ownersh
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., pu 4. Transact Code	5. Notion Der Sector I (D)	Number ivative urities quired (Dispose etr. 3, 4,	of A) d of	in this f a currentired, Dispo options, con 6. Date Exe Expiration 1	orm are not rently valid OME sed of, or Bene avertible secur reisable and Date	ficially Ownities) 7. Title and of Underly Securities	respond unumber. red d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned	of 10. Owners Form of Derivati Security Direct (or Indir	11. Natu hip of Indire of Beneficitive ve Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., pu 4. Transact Code	sts, calls 5. N Der Sec Acc or I (D) (Ins	Number ivative urities quired (Dispose ttr. 3, 4, 5)	of A) d of	in this f a currentired, Dispo options, con 6. Date Exe Expiration 1	orm are not rottly valid OME sed of, or Bene evertible secur rcisable and Date t/Year) Expiration	ficially Ownities) 7. Title and of Underly Securities	respond unumber. red d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivati Security Direct (or Indir	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CASAMENTO CHARLES J C/O RELMADA THERAPEUTICS, INC. 880 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10022	X					

Signatures

/s/ Charles J. Casamento	07/30/2019
**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.