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

| OMB APPROVAL | | | | | |
|--------------|----------|--|--|--|--|
| OMB Number: | 3235-028 | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Type Responses)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

37 Estimated average burden hours per response... 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

| (Last) (First) (Middle) C/O RELMADA THERAPEUTICS, INC., 880 THIRD AVENUE, 12TH FLOOR | | | RELMADA THERAPEUTICS, INC. [RLMD] 3. Date of Earliest Transaction (Month/Day/Year) 07/29/2019 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | N 1 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner | | | | | |
|--|---|---|--|--|--------------------|---|---|---------------------|--|---|-------------------------------------|--------------------|---|---|-------------------------|
| | | | | | | | | | - | Officer (give | title below) | Other | (specify below | | |
| | | | | | | | | | 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) | | | - | Γable : | I - Non-Der | ivative Securiti | es Acquir | ed, Disposed o | of, or Benef | icially Owned | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Date, if | Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | , F | Ownership form: | 7. Nature of Indirect Beneficial | | |
| | | | | (Month/Da | | ay/Year) | Cod | le V A | (A) or (D) | l ` | Instr. 3 and 4) | | c (| r Indirect (| Ownership (Instr. 4) |
| | | | Table II | | | | | a curre | form are not r ntly valid OM osed of, or Bend nvertible secur | B control | number. | niess the t | orm display | S | |
| | 2. Conversion or Exercise Price of Derivative Security | Date Exe (Month/Day/Year) any (Mo | Execution Date, if | 4. 5. Num Transaction Deriva Code Securit (Instr. 8) Acquir or Disp (D) | | 5. Numb Derivati Securitie Acquired or Dispo (D) (Instr. 3, | umber of vative Exprinties (Mouried (A) isposed of r. 3, 4, | | 5. Date Exercisable and F. T. Expiration Date Of U Secu | | and Amount lying s and 4) | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | Ownershi Form of Derivativ Security: Direct (D or Indirect | (Instr. 4) |
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Options to purchase common | \$ 2.2 | 07/29/2019 | | A | | 500,00 | 0 | (1) | 07/29/2029 | Commo | 1500 000 | \$ 2.2 | 500,000 | D | |

Reporting Owners

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

Signatures

| /s/ Maged Shenouda | 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).
- 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.