FORM 4

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

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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

	pe Responses														
Name and Address of Reporting Person* Vitolo Ottavio V.				2. Issuer Name and Ticker or Trading Symbol RELMADA THERAPEUTICS, INC. [RLMD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O RELMADA THERAPEUTICS, INC., 880 THIRD AVENUE, 12TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 07/29/2019						X Officer (give title below) Other (specify below) Chief Medical Officer				v)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						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 YORK, NY 10022 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu						es Acquire	ured, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye:					Date, if C		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		Owned Followi Transaction(s)		ecurities Beneficially ing Reported		Ownership Form:	Beneficial	
				(Month/Da		y/ Y ear)	Cod	e V A	(A) or (D)	Price	nstr. 3 and 4)		(Ownership (Instr. 4)
Reminder:								Person in this		aquired t	o reenand u	nlace tha	form dienlas	10	
								in this f	orm are not r			nless the	form display	/S	
	2. Conversion or Exercise Price of Derivative		3A. Deemed Execution Date, if	4. Transact	tion	5. Number Derivative Securities Acquired (ants,	in this t a curre uired, Dispo options, co	orm are not rently valid OMI osed of, or Benerousercisable and Date	G control	number. wned nd Amount lying	8. Price of	9. Number o Derivative Securities Beneficially Owned	f 10.	
1. Title of Derivative Security	Conversion or Exercise Price of	Date	3A. Deemed Execution Date, if any	4. Transact	tion	5. Number Derivative Securities	ants,	in this to a current a current options, co options, co Expiration	orm are not rently valid OMI osed of, or Benerousercisable and Date	ficially Ovities) 7. Title and of Underly Securities	number. wned nd Amount lying	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	of Indirection Beneficial Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	tion	5. Number 5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4 and 5)	ants,	in this to a current a current options, co options, co Expiration	form are not rently valid OMI seed of, or Benericisable and Date by/Year)	ficially Ovities) 7. Title and of Underly Securities	number. wned nd Amount lying	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	of Indirect Beneficia Ownersh (Instr. 4)

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Vitolo Ottavio V. C/O RELMADA THERAPEUTICS, INC. 880 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10022			Chief Medical Officer		

Signatures

/s/ Ottavio V. Vitolo	07/30/2019
**Signature of Reporting Person	Date

Explanation of Responses:

- $\hbox{*} \quad \text{ If the form is filed by more than one reporting person, } \textit{see} \ \text{Instruction} \ 4(b)(v).$
- ** 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.