FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	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				
(Last) (First) (Middle) C/O RELMADA THERAPEUTICS, INC., 880 THIRD AVENUE, 12TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 08/03/2020						Office	er (give title beld	ow)	Other (specify	pelow)
(Street) NEW YORK, CA 10022				4. If Amo	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui					uired, Disp	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	ution Date, if	3. Transac Code (Instr. 8)	tion	(A) or Disposed of (D (Instr. 3, 4 and 5)		d of (D)	5. Amount of Securit Beneficially Owned I Reported Transaction (Instr. 3 and 4)		Following (n(s)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(msu. 3	and 4)		or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock		08/03/2020			S		3,000	D	\$ 35.737 (1)	34,000	34,000		D		
Common Stock										21,484	21,484		I	By family trust (2)	
Reminder:	Report on a s	separate line	for each class of sec	- Derivative	e Securi	ties Acquir	Per cor the	rsons whatained in form die	no res in this splays	form a s a curr Benefici	re not requently valid	ction of int uired to res I OMB con	spond unle	ess	1474 (9-02)
1. Title of	2.	3. Transacti	on 3A. Deemed	 	, cans, w	5.		Date Exer			Title and	8. Price of	9. Number	of 10.	11. Nature
	Conversion or Exercise Price of Derivative Security	Date	Execution Day/Year)	Date, if Tran	tte, if Transaction Code Year) (Instr. 8)		and	I Expiration Date onth/Day/Year)		e Ar Ur Se	nount of iderlying curities str. 3 and		Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Owners Form of Derivat Security Direct (or Indir	hip of Indirec Beneficial Ownership (Instr. 4)
				Co	ode V	(A) (D)		te ercisable	Expira Date	ation Ti	Amount or Number of Shares				

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, CA 10022	X					

Signatures

/s/ Charles J. Casamento	08/04/2020		
**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).
- The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 29, 2020. The range of prices for the (1) transaction reported on this line was \$35.40 to \$36.69. The average weighted price was \$35.7378. The reporting person will provide, upon request by the SEC, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
 - Represents shares of common stock held by a family trust. Mr. Casamento disclaims beneficial ownership of such securities except to the extent of his pecuniary interest
- (2) therein, and the filing of this report is not an admission that Mr. Casamento is the beneficial owner of such securities for purposes of Section 16 of the Securities and Exchange Act of 1934, or for any other purpose.

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.