FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average but	urden
hours per response	0.5

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 Type Responses) 1. Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer						
TRAVERSA SERGIO				RELMADA THERAPEUTICS, INC. [RLMD]								(Check all applicable) _X_ Director10% Owner					
(Last) (First) (Middle) C/O RELMADA THERAPEUTICS, INC., 880 THIRD AVENUE, 12TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 08/18/2020							X Officer (give title below) Other (specify below) CEO						
(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)				Table I - Non-Derivative Securities Acqui													
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				3. Tra	3. Transaction (Code (Instr. 8)		. Securi A) or D	Securities Acquired or Disposed of (Eastr. 3, 4 and 5)		5. Amount of Sec		curities Beneficially		6. Ownership Form:	7. Nature of Indirect Beneficial		
			(Mon	th/Day/Yea		ode	V A	mount	(A) or (D)	Price	(Instr.	3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		08/18/2020			N	M	5	0,008	A	\$ 3.24	79,64	4			D	
Common Stock 08/18/2020					F	F		,151 <u>)</u>	11)	\$ 39.03	75,49	3			D		
Reminder: I	Penort on a c	enarate line for each	class of securities be	eneficial	ly owned di	irectly or	r indire	ectly									
Reminder: I	Report on a s	eparate line for each	class of securities be	- Deriv	ly owned di	rities Acc	quired	Person n this to curre	form and the second sec	re not re alid OME or Benef	equired control	l to res ol num	pond un		n contained		1474 (9-02
1. Title of Derivative	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	Table II 3A. Deemed Execution Date, if	- Deriv (e.g., 1 4. Transac Code	ative Securiouts, calls, value of Der Securi	rities Acc warrants mber (ivative I ties (red (A) posed 3, 4,	quired ss, opti 6. Date Expira	Person n this for curre l, Dispo	orm and the second of the seco	re not re alid OME or Bene ble securi	ficially (ties) 7. Ti	l to res ol num Owned	Amount	8. Price of		of 10. Owners Form o Derivat Security Direct (or Indir	Owner (Instr.
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriv (e.g., 1 4. Transac Code	sative Secure 5. Num of Der Secure 1 Acquin or Dispose of (D) (Instr.	rities Acc warrants mber (rivative lities (red (A) posed 3, 4,	quired ss, opti 6. Date Expira	Personn this is curred, Dispose, consecution Dah/Day/Y	form and the second of the sec	re not realid OME or Beneiole securi	ficially (ties) 7. Ti	Owned itle and inderlying rities and	Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form o Derivat Security Direct (or Indir	hip of Indi Benefi Owner (Instr.

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

Signatures

/s/ Sergio Traversa	08/19/2020
**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).
- (1) Reflects 4,151 shares withheld at the market price of \$39.03 per share to fund the cashless exercise of 50,008 options owned by Mr. Traversa, which cashless exercise was approved in advance by the Board of Directors.
- (2) The options vest from the date of grant in equal quarterly increments of 6.25% over a four year period.

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.