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

OMB APPR	OVAL
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longer subject to Section 16. Form 4 or Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name an																	
	1. Name and Address of Reporting Person SCHMIDT ERIC THOMAS (Last) (First) (Middle) C/O RELMADA THERAPEUTICS, INC., 880 THIRD AVENUE, 12TH FLOOR (Street)				2. Issuer Name and Ticker or Trading Symbol RELMADA THERAPEUTICS, INC. [RLMD] 3. Date of Earliest Transaction (Month/Day/Year) 01/07/2021 4. If Amendment, Date Original Filed(Month/Day/Year)						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director					
C/O REL											-						
NEWAG				4. If A													
	NEW YORK, NY 10022 (City) (State) (Zip)				Table I. Non Designation C. 111						Agguir						
1.Title of Security (Instr. 3) Da		2. Transaction Date (Month/Day/Y	ear) Exe			3. T	ransaction e	nsaction 4. Securities Acqui (A) or Disposed of		red 5. An Owner Trans		Amount of Securities Beneficially owned Following Reported ransaction(s)		ficially 6	orm: of Be	eneficial	
				(Me	(Month/Day/Year)		C	Code V	Amo	(A) or (D)	Price (1	Instr. 3	nstr. 3 and 4)		0	r Indirect (In	wnership nstr. 4)
Reminder:								this fo	orm a	re not requi	red to r	respo				3EC 14	74 (9-02)
Temmder.																I SEC 14	/4 (9-02)
	2. Conversion or Exercise Price of	*****	3A. Deemed Execution Date, if	4. Transac Code	etion S	s, calls, wa 5. Number Derivative Securities Acquired (of (A)	this fo curre cquired, Dis its, options, 6. Date Exe Expiration I (Month/Day	orm a ntly v posed conver rcisabl Date	re not require alid OMB coof, or Benefice tible securities and	red to rentrol n	wned e and Aderlyin	and unlesser. Amount	8. Price of	9. Number of Derivative Securities Beneficially	10. Ownership Form of Derivative	11. Natur of Indire Beneficia Ownersh
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Reporting Owners

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

Signatures

/s/ Eric Schmidt	01/11/2021
**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.
- (1) The options vest from the date of grant in quarterly increments of 6.25%.

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.