| FORM 4 | 4 |
|--------|---|
|--------|---|

| 1 | Check this box if no | |
|---|------------------------|---|
| | longer subject to | |
| | Section 16. Form 4 or | |
| | Form 5 obligations may | т |
| | continue. See | r |
| | Instruction 1(h) | |

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Instruction 1(b). Company Act of 1940

| (Print or Type Responses | .) | | | | | | | | | | | |
|---|---------|--|---|--------------------|---|------------------------|---------------|---|--|----------------------------------|---|--|
| 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) C/O RELMADA TI THIRD AVENUE, | · · · · | 10 000 | 3. Date of Earliest Transaction (Month/Day/Year) 01/07/2021 | | | | | Officer (give title below)Othe | er (specify belov | v) | | |
| (Street) NEW YORK, NY 10022 | | | 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 | | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | | (A) or Disposed of (D) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Form: | 7. Nature of Indirect Beneficial Ownership | |
| | | | | Code | v | Amount | (A) or (D) | Price | | or Indirect (I) (Instr. 4) | (Instr. 4) | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in SEC 1474 (9-02) this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|--|--|--------------------------|---|------|---|---|--|---------------------------|--|-----------------|--------------------------------------|--|--|------------|--|
| | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code |) | 5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4, and 5) | ber of ve (A) sed of 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) | | 7. Title and Amount of Underlying Securities | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial | |
| | | | | Code | v | (A) | (D) | Exercisable | Expiration Date | Title | Amount or Number of Shares | | (ilisu: 4) | (11150.4) | |
| Options to purchase common stock | | 01/07/2021 | | А | | 100,000 | | 04/07/2021 ⁽¹⁾ | 01/07/2031 | Common Stock | 100,000 | \$ 0 | 100,000 | D | |

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, NY 10022 | Х | | | | | | |

Signatures

| /s/ Charles J. Casamento | 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. 78ff(a).
- (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.