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 Typ	e Responses	s)																
Name and Address of Reporting Person * Kelly Paul Edward				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) 03/09/2021							_	Off	icer (give t	itle below)	Othe	er (specify belo	w)	
(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 Acqui							s Acquire	lired, Disposed of, or Beneficially Owned						
(Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)			T	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	7. Nature of Indirect Beneficial		
			Code			e V	Amo		(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
Common	Stock		03/09/2021				M		5,00	00 A	\$ 3	3.24 1	172,2	95			D	
Common Stock		03/09/2021				S ⁽¹⁾	S ⁽¹⁾		88	\$ 35 (3)		168,907				D		
Common Stock		03/09/2021			S ⁽¹⁾	S ⁽¹⁾		2	\$ 36 (4)		167,295				D			
Reminder: I	Report on a s	eparate line for each	class of securities b	- Deriva	ative S	Securi	ties Acq	Pers in th a cu uired, Di	ons v is for rrentl	m are y vali d of, o	e not re id OMB or Benef	quired to control icially Ov	o res num	pond u		on containe form displa		1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if	4. Transac Code	stion (5. Num	hber 6. Extive (Miles ed	Expiration Date of (Month/Day/Year) So (I		7. Title of Unde Securiti	7. Title and Amount of Underlying Securities					11. Nature of Indirec Beneficial ownershi (Instr. 4)		
				Code	V ((A)		nte ercisable	•	Expi Date	ration	Title	1	Amount or Number of Shares				
Options to purchase common stock	\$ 3.24	03/09/2021		М			.000 10)/20/20	17 ⁽⁵⁾	10/2	20/2027	Comn Stoc		5,000	\$ 0 (6)	50,500	D	

Reporting Owners

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

Signatures

/s/ Paul E. Kelly	03/11/2021
**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 sales reported on this Form 4 were effectuated pursuant to a Rule 10b51 trading plan adopted by the reporting person on December 22, 2020.
- The number of securities reported represents an aggregate number of shares sold in multiple open market transactions over a range of sales prices. The price reported represents the weighted (2) average price. The Reporting Person undertakes to provide to the staff of the SEC, the Issuer, or a stockholder of the Issuer, upon request, the number of shares sold by the Reporting Person at each separate price within the range.
- (3) Sales prices range from \$35.00 to \$35.94 per share, inclusive.
- (4) Sales prices range from \$36.07 to \$36.55 per share, inclusive.
- (5) The options vest from the date of grant in equal quarterly increments of 6.25% over a four year period.
- (6) Not applicable.

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.