FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burder | 1 | | | | | | | |
| 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

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

| Name and Address of Reporting Person* Ence Chuck | | | | <u>F</u> | 2. Issuer Name and Ticker or Trading Symbol RELMADA THERAPEUTICS, INC. [RLMD] | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|---|------------|---|---|---|--|--------------|--|--------------------|--|--|---|---|--|---|---------------------------------------|--|
| (Last) | (Firs | • | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2022 | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| C/O RELMADA THERAPEUTICS, INC. | | | | \vdash | | | | | | | | CA and Compliance Officer | | | | | |
| 2222 PONCE DE LEON BLVD, 3RD FLOOR | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Indiv | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| CORAL GABLES, | FL | | 33134 | | | | | | | | | | | | | | |
| (City) | (Sta | te) | (Zip) | | | | | | | | | | | | | | |
| | | | Table I - Non | -Deriva | tive \$ | Secu | rities Ac | quired, D | sposed of | , or Benefi | cially Ow | ned | | | | | |
| Date | | | | asaction ZA. Deemed Execution Date, if any (Month/Day/Year) | | cution Date, | Code (Instr. | | | 5. Amount Securities Beneficially Following I | For Ily Owned or Reported (Ins | | Ownership orm: Direct (D) r Indirect (I) nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Code | / Amount | (A) or (D) | Price | Transaction (Instr. 3 and | | | | (Instr. 4) | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | ion(s) | | | |
| Stock Option (right to buy) | \$19.03 | 12/16/2022 | | J ⁽¹⁾ | V | | 200,000(1) | (2) | 12/17/2031(3) | Common stock | 200,000 | (2) | 0 | | D | | |

Explanation of Responses:

- 1. Represents the termination of milestone-based stock options granted to the reporting person on May 25, 2022, that were eligible to vest based on achievement of certain corporate objectives by the Issuer. Upon grant, the target vesting amount was reported in Table II of Form 4. On December 16, 2022, the Board of Directors determined that such milestone objectives were not achieved by the Issuer and that all 200,000 options would be terminated.
- 2. Not applicable.
- 3. Original expiration date.

/s/ Chuck Ence

12/20/2022

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.