FORM 4

heck this box if no

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB APPROVAL

OMB Number: 3235-0287

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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

	pe Response	3)													
1. Name and Address of Reporting Person* Yanni Barbara			2. Issuer Name and Ticker or Trading Symbol TREVENA INC [TRVN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director10% Owner					
(Last) (First) (Middle) C/O TREVENA, INC., 955 CHESTERBROOK BOULEVARD, SUITE 110			3. Date of Earliest Transaction (Month/Day/Year) 06/09/2022					=	Officer (give	title below)	Other	(specify below)			
CHESTE	ERBROOK	(Street)		4. If Am	nendm	ent, Date	Origi	inal Filed(Mo	onth/Day/Year)		. Individual or X_Form filed by O Form filed by M	One Reporting I		pplicable Line)	
(Ci	ry)	(State)	(Zip)			Ta	able I	- Non-Deri	vative Securiti	es Acquir	ed, Disposed	of, or Benef	icially Owned		
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year		tion D	Pate, if C		(4	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Amount of Se wned Following ransaction(s) instr. 3 and 4)		C F	Ownership of Form:	7. Nature of Indirect Beneficial Ownership
			(Mona		, 1 ()	Cod	e V A	(A) or (D)					r Indirect (I		
Reminder:	Report on a	separate line for each	n class of securities b	eneficial	lly ow	ned direct	tly or	indirectly.							
			Table II					in this fa curre	s who respon form are not r ntly valid OMI osed of, or Bene	equired t B control eficially O	to respond u I number.				174 (9-02)
1. Title of	2	2 Transaction		(e.g., pt	uts, ca	alls, warr	ants,	in this t a curre nired, Dispo options, co	orm are not r ntly valid OMI osed of, or Bene nvertible secur	equired t B control eficially O itties)	to respond u I number. wned	inless the	form display	'S	. ,
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	4. Transact	tion 5 5 5 5 5 5 5 5 6 6		r of (A) ed of	in this t a curre nired, Dispo options, co	orm are not rently valid OMI osed of, or Beneral or of the security of the se	equired t B control eficially O itties)	to respond und number. wned nd Amount llying s	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(To. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	tion 5 5 5 5 5 5 5 5 6 6	Alls, warr i. Number Derivative Securities Acquired (or Dispose D) Instr. 3, 4	r of (A) (ed of	in this to a current a current options, co options, co Expiration	form are not rently valid OMI seed of, or Beneratible securities and Date (y/Year) Expiration	equired to B control eficially Onities) 7. Title a of Under Securitie	to respond und number. wned nd Amount llying s	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Yanni Barbara C/O TREVENA, INC. 955 CHESTERBROOK BOULEVARD, SUITE 110 CHESTERBROOK, PA 19087	X				

Signatures

/s/ Joel Solomon, Attorney-in-Fact	06/13/2022
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 shares subject to the option shall vest in full on the day immediately prior to the next annual stockholders' meeting, subject to the reporting person's continuous service through such vesting date.

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 no	ot required to respond unless the form displays a currently valid OMB number.