FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO |
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| OMB Number: | 3235-0287 |
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| Estimated average burden | |
| hours per response: | 0.5 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

| may continue. S | ee Instruction 1 | (b). | | F | | | | | | | es Exchar ipany Act | | | | | | | | | |
|--|---|--|--|------|--|---|---|--|------------------|----------------------------|---|----------------|----------------------|--|---|---|--|--|---|--|
| 1. Name and Address of Reporting Person* Shin Barry | | | | | | 2. Issuer Name and Ticker or Trading Symbol TREVENA INC [TRVN] | | | | | | | | | ationship of F call applicab Director | Reporting Person ble) | | s) to Issuer 10% Ov | vner | |
| (Last) C/O TREVENA | (First) | (Mi | (Middle) | | | | Earliest 7 | Transactio | on (Mont | th/Day | /Year) | X | Officer (g below) | | , CFO | Other (s below) | specify | | | |
| 955 CHESTERBROOK BOULEVARD, SUITE 110 | | | | | 4. If / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) CHESTERBROOK PA 19087 | | | | | Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| (City) | (State) | (Zi | p) | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | ne | | | | |
| | | Ta | able I - Nor | n-De | rivativ | ve Se | ecuriti | es Acq | uired, | Disp | osed o | of, or | Benefi | cially Ow | ned | | | | | |
| Date | | | | | ransaction e nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount Securities Beneficiall Following | y Owned or Reported (In: | | nership Direct (D) irect (I) 4) | 7. Nature Indirect Beneficia Ownershi | | |
| | | | | | | | | | Code | v | Amoun | t | (A) or (D) | Price | Transactio (Instr. 3 an | | | | (Instr. 4) | |
| Common Stock 06/2 | | | | | | 23 | | | F ⁽¹⁾ | | 722 | 2(2) | D | \$0.84 | 82,545 | | | D | | |
| | | | Table II - I | | | | | | | | sed of, onvertib | | | | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | te, | | ransaction code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerc tion Da /Day/Y | | Sec ar) Der | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Natur of Indired Beneficia Ownersh (Instr. 4) | |
| | | | | | Code | v | (A) (D) | | Date Exercis | sable | Expiratio Date | n Title |) | Amount or Number of Shares | | (Instr. 4) | .011(3) | | | |
| Explanation of Re 1. The transaction rep 2. These are shares w | orted represent | | | | | | | | | | 25, 2019. | | | ne non-reporta | | nd settlemen | | tricted stock | units. | |
| | | | | | | | | | | | | Fact | atura of D | onorting Do | | 00/26/2 | <u>043</u> | | | |

* Signature of Reporting Person

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.