FORM 4

### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OMB Number:	3235-0287
Estimated average burden	
houre per reenence.	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. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

1. Name and Address of Reporting Person* <u>Demitrack Mark</u>			2. Issuer Name and Ticker or Trading Symbol TREVENA INC [ TRVN ]	(Check a	ionship of Reporting Person(s) all applicable) Director Officer (give title	to Issuer  10% Owner Other (specify	
(Last) C/O TREVENA, II 955 CHESTERBR	(First) NC. OOK BOULEVARE	(Middle)  O, SUITE 110	3. Date of Earliest Transaction (Month/Day/Year) 12/02/2023	X	SVP, Chief Medical	below)	
(Street) CHESTERBROOK PA 19087  (City) (State) (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individ	ndividual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person		

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (I 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr.	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D) Price		3 and 4)		(111511. 4)
Common Stock	12/02/2023		F <sup>(1)</sup>		497(2)	D	\$0.59	79,531	D	
Common Stock	12/02/2023		F <sup>(1)</sup>		1,121(3)	D	\$0.59	78,410	D	
Common Stock	12/02/2023		F <sup>(1)</sup>		3,593(4)	D	\$0.59	74,817	D	

# 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (I 8)		Derivative E		6. Date Exerc Expiration Day/\(\text{Month/Day/\}\)	ate			Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

## Explanation of Responses:

- 1. The transaction reported represents the withholding of shares by the Issuer to satisfy the Reporting Person's tax withholding obligations in connection with the non-reportable vesting and settlement of restricted stock units.
- $2. \ These are shares withheld in connection with the non-reportable vesting and settlement of restricted stock units granted on December 17, 2020.$
- $3.\ These\ are\ shares\ withheld\ in\ connection\ with\ the\ non-reportable\ vesting\ and\ settlement\ of\ restricted\ stock\ units\ granted\ on\ December\ 2,\ 2021.$
- 4. These are shares withheld in connection with the non-reportable vesting and settlement of restricted stock units granted on January 6, 2023.

/s/ Joel Solomon, as Attorney-in-

Fact

\*\* Signature of Reporting Person

12/05/2023 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.