

(Print or Type Responses)

1. Name and Address of Reporting Person* Yoder Robert T		2. Issuer Name and Ticker or Trading Symbol TREVENA INC [TRVN]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) _____ SVP, Chief Commercial Officer			
(Last) (First) (Middle) C/O TREVENA, INC., 955 CHESTERBROOK BOULEVARD, SUITE 110		3. Date of Earliest Transaction (Month/Day/Year) 12/17/2020					
(Street) CHESTERBROOK, PA 19087		4. If Amendment, Date Original Filed(Month/Day/Year)		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person			
(City) (State) (Zip)		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. Transaction Code (Instr. 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. 3 and 4)	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			
Common Stock	12/17/2020		A	141,300 (1) A \$ 0	357,866	D	

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

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 control number.

SEC 1474 (9-02)

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. Transaction Code (Instr. 8)		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 Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: 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				
Stock Option (Right to Buy)	\$ 2.25	12/17/2020		A		212,000		(2)	12/17/2030	Common Stock	212,000	\$ 0	212,000	D	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Yoder Robert T C/O TREVENA, INC. 955 CHESTERBROOK BOULEVARD, SUITE 110 CHESTERBROOK, PA 19087			SVP, Chief Commercial Officer	

Signatures

/s/ Joel Solomon, Attorney-in-Fact		12/18/2020
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).

- These shares are represented by restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of common stock of the Issuer. The shares underlying the RSUs
- (1) shall vest in four (4) equal annual installments on each of December 17, 2021, December 17, 2022, December 17, 2023 and December 17, 2024, subject to the Reporting Person's Continuous Service (as defined in the Issuer's 2013 Equity Incentive Plan, as amended (the "Plan")) as of each such vesting date.
 - (2) The option shall vest and become exercisable with respect to one-sixteenth of the total number of shares subject to the option on a quarterly basis (every three months) from the Transaction Date listed above, subject to the Reporting Person's Continuous Service (as defined in the Plan) as of each 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 not required to respond unless the form displays a currently valid OMB number.