# FORM 4

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

OMB APPROVAL
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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 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

(Print or Ty	pe Response	s)															
1. Name and Address of Reporting Person* Bourdow Carrie L.				2. Issuer Name <b>and</b> Ticker or Trading Symbol TREVENA INC [TRVN]							mbol	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) 12/07/2020							y/Year)	X Officer (give title below) Other (specify below)  President & CEO					
(Street) CHESTERBROOK, PA 19087				4. If Amendment, Date Original Filed(Month/Day/Year) 12/09/2020							h/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							Securitie	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da				. 8)	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)  (A) or V Amount (D) Pric		of (D)	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)			
Common Stock		12/07/2020				F <sup>(1</sup>	1)		151,6 (2)	84 D	\$ 2.27	1,245,310			D (3)		
	1 Cop 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	opulute into to	or each class of secur Table II -						Perso	ons wh ained i orm dis	no respo n this fo splays a	rm are curre	e not requently valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
	1	1						, op			tible secu						
1. Title of Derivative Security (Instr. 3)		nversion Date Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Transaction Code (Instr. 8) Derivative Securities		Expirati	xpiration Date ch/Day/Year)  S		Citle and count of derlying urities str. 3 and	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Ownersh (Instr. 4) D) ect						
					Code	V	(A) (	(D)	Date Exerc	cisable	Expiration Date	n Titl	Amount or e Number of Shares				

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Bourdow Carrie L. C/O TREVENA, INC. 955 CHESTERBROOK BOULEVARD, SUITE 110 CHESTERBROOK, PA 19087	X		President & CEO				

## Signatures

/s/ Joel Solomon, Attorney in Fact	12/31/2020
**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).
- (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 the restricted stock units.
  - The amount reported includes 54,351 and 97,333 of shares withheld in connection with the non reportable vesting and settlement of restricted stock units granted on
- (2) December 6, 2018 and December 5, 2019, respectively. Certain shares were omitted from the number of disposed shares disclosed in the reporting person's original Form 4, and also were included in error in the number of securities beneficially owned by the reporting person disclosed in one Form 4 subsequently filed by the reporting person.
- (3) Includes 4,500 shares held by the Reporting Person jointly with her spouse.

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.