FORM 4

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

OMB APPRO	DVAL					
OMB Number:	3235-0287					
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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 Type	e Responses)															
Name and Address of Reporting Person * Habib Yacoub				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						
(Last) (First) (Middle) C/O TREVENA, INC., 955 CHESTERBROOK BOULEVARD, SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 02/28/2018						X Officer (give title below) Other (specify below) SVP, Bus Dev & Corp Planning						
(Street) CHESTERBROOK, PA 19087				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	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						uired, l	ired, Disposed of, or Beneficially Owned					
1.Title of Sec (Instr. 3)	curity		2. Transaction Date (Month/Day/Year)	Execution Date, if		ate, if (1	. Transaction Code (Instr. 8)		Amount (A) or Observation (A) or	sposed of (D) Ow Tra (Ins		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: I Direct (D)	V. Nature of Indirect Beneficial Ownership Instr. 4)
Reminder: R	eport on a seg	parate line for each o	Table II -	Derivati	ve So	ecurities	Acqu	Person in this a curre	s who respo form are not ntly valid ON osed of, or Ber	require IB cont eficially	ed to re trol nu	espond ι mber.				474 (9-02)
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	4. Transac Code	tion	5. Numl of Deriv Securiti	rivative Expiration Date (Month/Day/Year) ired (A) spoosed) . 3, 4,		7. Ti of U	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownershi Form of Derivativ Security: Direct (D or Indirect	(Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab	Expiration Date	Title	;	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Employee Stock Option (Right to Buy)	\$ 1.79	02/28/2018		A		44,000)	(1)	02/28/202	'81	nmon tock	44,000	\$ 0	44,000	D	
Employee Stock Option (Right to Buy)	\$ 1.79	02/28/2018		A		65,000)	(2)	02/28/202	'X I	nmon tock	65,000	\$ 0	65,000	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Habib Yacoub C/O TREVENA, INC. 955 CHESTERBROOK BOULEVARD, SUITE 200 CHESTERBROOK, PA 19087			SVP, Bus Dev & Corp Planning				

Signatures

/s/John Limongelli, Attorney-in-Fact	03/02/2018
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 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 Trevena, Inc. 2013 Equity Incentive Plan, as amended) as of each such vesting date.
- (2) The option shall vest and become exercisable on an annual basis (every twelve months) from the Transaction Date listed above, with respect to one-half of the total number of shares subject to the option, in each case subject to the reporting person's Continuous Service (as defined in the 2013 Equity Incentive Plan, as amended) 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.