FORM 4

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

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

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 Responses) 1. Name and Address of Reporting Person * DOUGHERTY MICHAEL R				2. Issuer Name and Ticker or Trading Symbol TREVENA INC [TRVN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O TREVENA, INC., 955 CHESTERBROOK BLVD., SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 05/16/2018						Officer (giv	e title below)	Othe	(specify below)	
(Street) CHESTERBROOK, PA 19087				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person					
(Cit	ry)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Benefici						ficially Owne	d				
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)		on Date,	if Coo (Ins	ransac de str. 8)	(A	Securities Acqual or Disposed on the construction (A) or (B) (A) or (C) (D)	of (D) Own Trai		Securities Being Reported	d (Ownership orm: Direct (D) Or Indirect (I	. Nature f Indirect geneficial Ownership Instr. 4)
Reminder:								Persons	who respon	d to the co	ollection 4	of informat	tion contain	d SEC 14	174 (9-02)
Reminder:	•						cquire	in this for displays	s who respond orm are not rest a currently was	equired to valid OMB ficially Ow	respond control r	unless the		ed SEC 14	474 (9-02)
1. Title of	•	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	ts, calls, 5. N of I Sec or I of (Warran Number Derivati urities quired (Dispose D) str. 3, 4	cquire nts, opt 6. 1 Ex (M	in this f displays ed, Dispo ptions, con	orm are not rest a currently vested of, or Bene exertible securities and Date	equired to valid OMB ficially Ow	respond control r ned d Amount ing	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownershi Form of Derivative Security: Direct (D) or Indirec	11. Natu p of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ts, calls, 5. N of I Sec or I of ((Instance)	Warran Number Derivati urities quired (Dispose D) str. 3, 4	cquire nts, op 6. 1 Exp (M A) d	in this f displays ed, Dispo otions, con Date Exer opiration I fonth/Day	orm are not rest a currently vised of, or Bene exertible securic reisable and Date //Year)	ficially Own ities) 7. Title and of Underly Securities	respond control r ned d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Nature of Indire Benefici Owners! (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DOUGHERTY MICHAEL R C/O TREVENA, INC. 955 CHESTERBROOK BLVD., SUITE 200 CHESTERBROOK, PA 19087	X					

Signatures

/s/ Derek Colla, Attorney-in-Fact	05/17/2018
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 shares subject to the option shall vest in full on the day immediately prior to the next annual stockholders' meeting, subject to the reporting person's continuous service through 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.