| FORM | 4 |
|------|---|
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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). |

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

| (rint of Type Responses) | | | | | | | | | | | | |
|--|-----------------------------------|--------|--|---------------|-------|---|---------------|---|------------------|--|--|--|
| 1. Name and Address of Demitrack Mark | 2. Issuer Name and TREVENA INC | | radin | g Symbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner | | | | | | |
| (Last) C/O TREVENA, II BLVD., SUITE 20 | · · · | DDDOOU | 3. Date of Earliest Tr 05/21/2018 | ransaction (N | Month | n/Day/Yea | r) | X_Officer (give title below) Other (specify below) Sr VP & Chief Medical Officer | | | | |
| CHESTERBROOK | (Street) C, PA 19087 | | 4. If Amendment, Da | te Original I | Filed | Month/Day/Y | (ear) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person 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 2. Transaction (Instr. 3) Date (Month/Day/Yea | | | 2A. Deemed Execution Date, if any | | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | 6. Ownership Form: | 7. Nature of Indirect Beneficial | |
| | | | (Month/Day/Year) | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |

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 SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|--------------------------------------|--|--|---|------|-----|----------------------------|-----|----------------------------|--------------------|-----------------|-------------------------------------|--------------------------------------|--|--|------------|
| | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | ion | 5. Number of Derivative | | Expiration I (Month/Day | Date /Year) | | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
| | | | | Code | v | (A) | (D) | Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Stock Option (Right to Buy) | \$ 1.78 | 05/21/2018 | | А | | 200,000 | | (1) | 05/21/2028 | Common Stock | 200,000 | \$ 0 | 200,000 | D | |

Reporting Owners

| | Relationships | | | | | | | | |
|--|---------------|--------------|-------------------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| Demitrack Mark C/O TREVENA, INC. 955 CHESTERBROOK BLVD., SUITE 200 CHESTERBROOK, PA 19087 | | | Sr VP & Chief Medical Officer | | | | | | |

Signatures

 /s/ John Limongelli, Attorney-in-Fact
 05/23/2018

 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. Inducement 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.