FORM 4	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).

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

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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 Reporting Person [*] Demitrack Mark	2. Issuer Name and TREVENA INC		Fradin	ng Symbol	l	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner						
(Last) (First) C/O TREVENA, INC., 955 CHEST BLVD., SUITE 110	(Middle) ERBROOK		X_Officer (give title below) Other (specify below) Sr. VP & Chief Medical Officer									
(Street) CHESTERBROOK, PA 19087		4. If Amendment, Da	ate Original	Filed	(Month/Day/	Year)	6. Individual or Joint/Group Filing(Check Applicable Line)Form filed by One Reporting PersonForm 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)	Execution Date, if	3. Transaction Code (Instr. 8) Code V		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Amount (A) or (D) Price		f (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)	Beneficial Ownership		

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)														
1. Title of			3A. Deemed	4.		5. Numb	-	6. Date Exer		7. Title and			9. Number of		11. Nature
	Conversion				ransaction of Derivative		-		of Underlying		Derivative		Ownership		
		(Month/Day/Year)	-	Code			· · · ·		Securities		-			Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)					(Instr. 3 and 4)		` /			Ownership	
	Derivative				or Disposed								-	(Instr. 4)	
	Security			of (D)							0	Direct (D)			
				(Instr. 3, 4,							· F · · · · ·	or Indirect			
				and 5)							Transaction(s)	< / <			
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration		or				
								Exercisable		Title	Number				
									Dute		of				
				Code	V	(A)	(D)				Shares				
Stock															
Option										Common					
	\$ 1	09/18/2019		Α		50,000		<u>(1)</u>	09/18/2029	Common Stock	50,000	\$ 0	50,000	D	
(Right										Stock					
to Buy)															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Demitrack Mark C/O TREVENA, INC. 955 CHESTERBROOK BLVD., SUITE 110 CHESTERBROOK, PA 19087			Sr. VP & Chief Medical Officer					

Signatures

/s/ Joel Solomon, Attorney-in-Fact 09/20/2019 **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).

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 (1) 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. 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.