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

(Print of 1 ype Responses)										
1. Name and Address of Reporting Per Demitrack Mark	2. Issuer Name <b>and</b> Ticker or Trading Symbol TREVENA INC [TRVN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) C/O TREVENA, INC., 955 CHESTERBROOK BOULEV 110	(Middle) ARD, SUITE	3. Date of Earliest Transaction (Month/Day/Year) 12/02/2021						X         Officer (give title below)         Other (specify below)           SVP, Chief Medical Officer		
(Street) CHESTERBROOK, PA 19087	4. If Amendment, Date Original Filed(Month/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 Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		Execution Date, if		. / .		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	7. Nature of Indirect Beneficial Ownership		
		· · ·	Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	
Common Stock	12/02/2021		А		390,000 ( <u>1)</u>	А	\$ 0	834,181	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained 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	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	ion	Numl	Number and Expiration Date A		Amo	unt of	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		of	(Month/Day/Year) U		Unde	rlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative	ative		Securities (In		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur		ties		(Instr. 3 and					(Instr. 4)
	Security						uired 4		4)			0	Direct (D)		
						(A) o							1	or Indirect	
						Dispo							Transaction(s)	< / .	
						of (D	/					(Instr. 4)	(Instr. 4)		
						(Instr	· · ·								
						4, and	15)								
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
								Excretisable	Duit		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

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

# Signatures

/s/ Barry Shin, as Attorney-in-Fact	12/03/2021
**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).
- These shares are represented by restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of common stock of the Issuer. The shares (1) underlying the RSUs shall vest in four (4) equal annual installments on each of December 2, 2022, December 2, 2023, December 2, 2024 and December 2, 2025, subject to the Reporting Person's Continuous Service (as defined in the Issuer's 2013 Equity Incentive Plan, as amended (the "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.