SEC Form 4

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person					2. Issuer Name and Ticker or Trading Symbol TREVENA INC [ TRVN ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Demitrack Mark									ľ	Director	10% Owner					
				_						X	Officer (give title below)	Other ( below)	specify			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)						SVP, Chief Medical Officer					
C/O TREVENA, INC.				01/06/20	23											
955 CHESTERBROOK BOULEVARD, SUITE 110				_												
(Street)				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
CHESTERBROOK PA 19087								X	X Form filed by One Reporting Person							
									Form filed by More than One Reporting Person							
(City) (State) (Zip)																
		Ta	able I - Non-	Derivative S	ecurities Acq	uired, I	Disp	osed of, or	Benefic	ially Ow	ned					
Date			2. Transaction Date Month/Day/Year)	Execution Date, if any		Transaction Di Code (Instr.		quired (A) ) (Instr. 3, 4		5. Amount of Securities	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
					(Month/Day/Year)		nstr.				Beneficially Owned Following Reported	or Indirect (I)	Beneficial Ownership			
				,			v	Amount	(A) or (D)	Price	Beneficially Owned	or Indirect (I)	Beneficial			
Common Stock				01/06/2023		8)		Amount 50,000 <sup>(1)</sup>			Beneficially Owned Following Reported Transaction(s)	or Indirect (I)	Beneficial Ownership			
Common Stock				01/06/2023 erivative Sec		8) Code A red, Dis	v	50,000 <sup>(1)</sup> ed of, or Be	(D) A eneficia	Price \$0	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 80,028	or Indirect (I) (Instr. 4)	Beneficial Ownership			

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 any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	derivative Securities Beneficially Owned	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

Explanation of Responses:

1. 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 underlying the RSUs shall vest in four (4) equal annual installments on each of December 2, 2023, December 2, 2024, December 2, 2025 and December 2, 2026, subject to the Reporting Person's Continuous Service (as defined in the Issuer's 2013 Equity Incentive Plan, as amended) as of each such vesting date.

/s/ Joel Solomon, as Attorney-in-Fact 01/06/2023

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.