FORM 4

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

OMB APPROVAL
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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 or Ty	pe Kesponse	s)		1									1				
Name and Address of Reporting Person* Herskowitz Neil				2. Issuer Name and Ticker or Trading Symbol AVENUE THERAPEUTICS, INC. [ATXI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O AVENUE THERAPEUTICS, INC., 2 GANSEVOORT STREET, 9TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 01/28/2019							y/Year)	Office	er (give title belo	ow)(Other (specify b	elow)	
(Street) NEW YORK, NY 10014				4. If Amendment, Date Original Filed(Month/Day/Year)							h/Day/Yea	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 Acqui						uired, Disp	ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ion Dat	n Date, if	(Instr. 8)		etion	4. Securities Acquired (A) or Disposed of (E) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)			Ownership Form:	Beneficial
				(Month/Day/Year)	(ear)	Co	de	V	Amoun	(A) or (D)	Price	(Instr. 3 a	nd 4)		()	Ownership (Instr. 4)	
Common	Stock		01/28/2019				P			1,447	A	\$ 5.84 (1)	68,610	(2)		D	
Common Stock		01/29/2019				P			8,553	A	\$ 5.91 (1)	77,163 ⁽²⁾			D		
Reminder:	Report on a s	separate line f		Derivat	ive Sec	uritie	es Acc	quire	Pers cont the f	ons what ained it form dis	no resp n this f splays of, or B	orm a a curr enefici	re not requently valid	OMB con	formation spond unle trol number	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution D (Year) any	4. Transaction Code Year) (Instr. 8)		5 ion N o C C S A (A C C C C C C C C C C C C C C C C C	5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ar Ur Se	Title and nount of iderlying curities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersl Form of Derivati Security Direct (I or Indire	Benefici Ownersh (Instr. 4)	
					Code	v ((A)	(D)	Date Exer	e rcisable	Expirat Date	ion Tit	or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Herskowitz Neil C/O AVENUE THERAPEUTICS, INC. 2 GANSEVOORT STREET, 9TH FLOOR NEW YORK, NY 10014	X					

Signatures

/s/ Lucy Lu, M.D., Attorney-in-Fact 01/30/2019
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**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).
 - Reflects the weighted average purchase price of multiple same-day open market purchase transactions effected by the Reporting Person on the same day at different prices through a purchase order executed by a broker-dealer. The reporting person reported on a single line all such transactions that occurred within a one dollar price range. The
- (1) range of prices for the purchase transactions on January 28, 2019 was \$5.82 to \$5.89 and the range of prices for the purchase transactions on January 29, 2019 was \$5.86 to \$5.99. The reporting person hereby undertakes to provide upon request by the Securities Exchange Commission staff, the issuer, or a shareholder of the issuer, full information regarding the number of shares purchased at each separate price.
- (2) Includes 64,663 shares of restricted stock.

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.