FORM 4

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

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).

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

	pe Response														
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) 01/30/2019						Office	r (give title belo	ow)	Other (specify b	elow)		
(Street) NEW YORK, NY 10014			4. If Amendment, Date Original Filed(Month/Day/Year)					-	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 Acqu						Acqui	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		Г	. Transaction Pate Month/Day/Year)	2A. Deemed Execution Date any		3. Trans Code (Instr. 8		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	unt of Securities ially Owned Following od Transaction(s) and 4)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(Month/Day/Year)		Code	V	Amour	(A) or (D)	Price	(Instr. 3 a				
Common	Stock	0	1/30/2019			P		650	A	\$ 5.91	77,813	<u>(1)</u>		D	
Reminder:	Report on a s	separate line for e	each class of secur	ities beneficiall	y ow	ned dire	Pers	ons wh	no respoi			ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line for e	Table II - I	Derivative Secu	uritie	es Acqui	Pers cont the t	sons whatained ifform dis	no respoi n this for splays a of, or Ben	m are currer eficiall	not requ ntly valid	uired to res	ormation spond unle trol numbe	ess	1474 (9-02)
1. Title of	•	3. Transaction	Table II - I (a 3A. Deemed Execution Data an)		SAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	es Acqui rrants, o	Personnt the formal for	sons whatained ifform dis	of, or Ben rtible securcisable on Date	eficiall rities) 7. Ti Amo Unde Secu	not required to the second of	OMB con 8. Price of	spond unle	of 10. Ownersl Form of Security Direct (lor Indire	11. Natu of Indire Benefici Ownersh (Instr. 4)

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	02/01/2019
**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).
- (1) 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.