FORM 4

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

OMB APPROVAL
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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).

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

ì	pe Response										T				
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) 03/28/2019					Office	er (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						
NEW YC		(State)	(Zip)	т	ahla I	Non	Dow	ivativa i	Coouwitio		ined Diam	and of an l	Donofisially	Owned	
1 Title of S	oourity.		2. Transaction	2A. Deemed	_			1					Beneficially	6.	7. Nature
(Instr. 3) Date		Date (Month/Day/Year)	Execution Date, if	(Instr. 8)		(A) or Disposed of ((Instr. 3, 4 and 5)		of (D)	(D) Beneficially Own Reported Transact		ollowing	Ownership Form:	of Indirect Beneficial		
				Co	de	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		\ /	Ownership (Instr. 4)	
Common Stock		03/28/2019		F)		600	A	\$ 5.11	92,263 (1)		D			
Common Stock		03/29/2019		F)		1,400	A	\$ 5.11	93,663 (1)		D			
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficially o	wned d	irect	ly or i	indirectl	y.						
							cont	ained i	n this fo	rm are	e not requ		ormation spond unle trol numbe	ss	1474 (9-02)
				Derivative Securi							lly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\)	3A. Deemed Execution Da	4. 5. Number of		er ative ties red sed 3,	6. Date Exercisable and Expiration Dat (Month/Day/Year)		cisable on Date	7. T Am Und Sec	Title and ount of derlying urities tr. 3 and	Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (1 or Indire	Beneficia Ownersh (Instr. 4)
				Code V	(A)	(D)	Date Exer	cisable	Expiration Date	On Title	Amount 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	03/29/2019
**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.