FORM 4

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

OMB APPROVAL				
OMB Number:	3235-0287			
Estimated average	burden			
houre par raenonea	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

(Print or Type	reesponses)													
Name and Address of Reporting Person Lu Lucy			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) 1140 AVENUE OF THE AMERICAS, FLOOR 9			3. Date of Earliest Transaction (Month/Day/Year) 02/12/2020				_X_	X Officer (give title below) Other (specify below) President, CEO						
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)				_X_ I	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 YOR	RK, NY 10	0036								offit filed by Mi	ore man One Ke	porting reison		
(City)		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Sec (Instr. 3)	Instr. 3) Date		2. Transaction Date (Month/Day/Year) any	ion Date, if	(Instr. 8	(A) or Disposed of		Owned Followin Transaction(s)		ecurities Beneficially ng Reported		Ownership Form:	Beneficial
				(Month	/Day/Year)	Code	e V Ar	(A) or (D)	(Instr	(Instr. 3 and 4) Direct (D) or Indirect (I)		Indirect (
Reminder: Re	eport on a sep	parate line for each c	lass of securities oc	nemerany			Persons	who respond						474 (9-02)
Reminder: Re	eport on a sep	parate line for each c		- Derivat	ive Securit	ies Acqu	Persons in this fo a curren	orm are not re tly valid OMB ed of, or Benef	quired to r control nu	espond ur umber.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2.	3. Transaction	Table II - 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transac Code	ive Securit ts, calls, w: 5. Nun tion Deriva Securi Acquir	ies Acquarrants, aber of tive ties red (A) possed of	Persons in this for a curren tired, Disposoptions, con 6. Date Exe Expiration I (Month/Day	orm are not re tly valid OMB ed of, or Benef vertible securion reisable and Date	quired to r control nu	respond ur umber. ed Amount ing	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Natur p of Indirec Beneficiae Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transac Code	ive Securit ts, calls, was 5. Num Deriva Securi or Disj (D) (Instr.	ies Acquarrants, aber of tive ties red (A) possed of 3, 4,	Persons in this for a curren tired, Disposoptions, con 6. Date Exe Expiration I (Month/Day	orm are not rettly valid OMB ed of, or Benefivertible securities and Date t/Year) Expiration	icially Own ties) 7. Title and of Underlying Securities	respond ur umber. ed Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indirec Beneficiae Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Lu Lucy 1140 AVENUE OF THE AMERICAS, FLOOR 9 NEW YORK, NY 10036	X		President, CEO		

Signatures

/s/ Lucy Lu, M.D.	02/13/2020
**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) Each RSU represents the right to receive one share of common stock of Avenue Therapeutics, Inc. The RSUs vest upon the earliest to occur of the following: (i) Grantee's death or disability; (ii) a change in control of Avenue Therapeutics, Inc.; or (iii) the Second Stage Closing with InvaGen.

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.