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

		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) 10/09/2017						Office	r (give title belo	ow)	Other (specify b	pelow)		
(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 Acquired, Disposed of, or Beneficially Owned								Owned		
1.Title of Security (Instr. 3)		D	Transaction ate Month/Day/Year)	2A. Deemed Execution Datany	_	3. Transaction Code (Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	Amount of Securities neficially Owned Following ported Transaction(s)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(Month/Day/Year		Code	V	Amount (A) or (D)		Price	(Instr. 3 and 4)				
Common	Stock	10	0/09/2017			P		500	A	\$ 5.24	50,500	1)		D	
Reminder:	Report on a s	separate line for ea	ach class of secur	ities beneficiall	ly ow	ned dire	Pers	sons wl	no respo			ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line for e	Table II - I	Derivative Sec	uritie	es Acqui	Pers cont the t	sons what somed it form dis	ho responding this for splays a of, or Ben	m are currer eficiall	not requ ntly valid	ction of inf ired to res OMB con	spond unle	ess	1474 (9-02)
1. Title of		3. Transaction	Table II - I (a 3A. Deemed Execution Data ar)		uritics, wan	es Acqui rrants, o	Personnt the formal for	sons what somed it form dis	of, or Ben retible securcisable on Date	eficiall rities) 7. Ti Amo Unde Secu	not requ ntly valid	OMB conf	spond unle	of 10. Owners Form of Security Direct (or 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	10/10/2017
**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 10,000 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.