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

(Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person* ROSENWALD LINDSAY A MD				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) 06/08/2018							Office	er (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 PersonForm 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)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye		(Instr. 8)		(A) c	4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following d Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				(Monul/Day/Tear)		Code	e V	/ Amo	unt	(A) or (D)	Price	(Ilisu. 3 and 4)			or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		06/08/2018			P		5,23	4	A 2	\$ 4.34 (1)	25,234	(2)		D	
Reminder:	Report on a s	separate line fo		Derivative Sec	curiti	es Acqı	Pe co the	rsons v ntained e form	who d in t disp	this for lays a , or Ben	rm are curre neficial	not requesting ntly valid	ction of inf uired to res OMB conf	spond unle	ss	1474 (9-02)
1. Title of	2	3. Transactio		e.g., puts, calls								itle and	9 Dries of	9. Number	of 10.	11. Nature
Derivative Security	Conversion or Exercise Price of Derivative Security	Date (Month/Day/	Execution Da (Year) any	A. Deemed Execution Date, if any Month/Day/Year) Month/Day/Year) 4. 5. Number of Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 6. Date Exercisable and Expiration Date (Month/Day/Year)		Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners. Form of Derivati Security Direct (or Indire	hip of Indirect Beneficial Ownership (Instr. 4)				
				Code	V	(A) (I		ate kercisab		xpiratio ate	n Title	Amount or Number of Shares				

Reporting Owners

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

Signatures

/s/ Lucy Lu, M.D., Attorney-in-Fact	06/11/2018		
**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).
- Weighted average price. These shares were purchased in multiple transactions ranging from \$4.20 to \$4.40. The reporting person undertakes to provide the issuer, any (1) security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth.
- (2) 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.