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

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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)		•													
Name and Address of Reporting Person * Lu Lucy				2. Issuer Name <b>and</b> 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) 06/14/2018							X Officer (give title below) Other (specify below) President, CEO						
(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 Benefici					Beneficially	Owned							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr	3. Transaction Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities Illy Owned Following Transaction(s) and 4)		6. Owners Form: Direct ( or Indir (I) (Instr. 4	hip of Bo	Nature Indirect eneficial wnership nstr. 4)	
Common Stock 0		06/14/2018			A			5,000	A	\$ 4	557,333			D			
				Derivative Sec			quire	conta the fo	ined ir orm dis	n this form splays a coof, or Bene	m are currer	not requ ntly valid		spond unle	ess	.20 14	74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	3A. Deemed Execution Da any	4. Transaction Code (Instr. 8)		5.		and Expiration Date (Month/Day/Year)  Date Expiration			7. Ti Amo Unde Secu (Inst: 4)	tle and ount of erlying rities r. 3 and Amount or Number	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Own Forn Derri Secon Director In (s) (I)	nership n of ivative urity: ect (D) ndirect tr. 4)	Beneficia Ownershi (Instr. 4)
				Code	V	(A)	(D)	Exerc	risable	Date	Title	of Shares					
Renor	ting ()	wners															

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Lu Lucy C/O AVENUE THERAPEUTICS, INC. 2 GANSEVOORT STREET, 9TH FLOOR NEW YORK, NY 10014	X		President, CEO			

# **Signatures**

/s/ Lucy Lu, M.D.	06/15/2018	
**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).

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.