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

	pe Response	- /													
1. Name and Address of Reporting Person [*] Herskowitz Neil			2. Issuer Name and Ticker or Trading Symbol AVENUE THERAPEUTICS, INC. [ATXI]					5	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) 04/15/2019					-	Office	r (give title belo	ow)	Other (specify	below)		
(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 Acqu						Acquir	tired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		D	Transaction ate Month/Day/Year)	2A. Deemed Execution Date any	e, if	3. Transa Code (Instr. 8)	(A)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		f (D)	Beneficial Reported	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	Beneficial
				(Month/Day/Year		Code	V An	Amount (A) or (D)		Price	(Instr. 3 and 4)		\ /	Ownership (Instr. 4)	
Common	Stock	0	4/15/2019			P	1,0	000 A	\$.52	94,663	(1)		D	
Reminder:	Report on a s	separate line for e	ach class of secur	ities beneficially	y own		Persons	who re				ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line for e	Table II - I	Derivative Secu	rities	s Acquire	Persons containe the form	who re ed in this display	s forn s a c Bene	n are urren ficially	not requ tly valid	ction of inf uired to res OMB con	spond unl	ess	1474 (9-02)
1. Title of	•	3. Transaction	Table II - I (a 3A. Deemed Execution Data an)	,	5. Nu of Do See Ad Oi of (In	s Acquire	Persons contained the form ed, Dispos tions, con 6. Date F and Expi	who re ed in this display	Bene securi	ficially ities) 7. Tit Amou Unde Secur	not requ tly valid y Owned le and unt of rlying	OMB con 8. Price of	spond unl	of 10. Owners Form o y Derivat Security Direct (or Indir	11. Natu of Indire f 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	04/15/2019
**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.