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

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) 06/17/2019						Office	er (give title belo	ow)	Other (specify l	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)	,	Γable I	- Non	-Der	ivative S	Securitie	s Acqu	ired. Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, any (Month/Day/Yea	if Coc (Ins	(Instr. 8)					5. Amount of Securities			6. 7 Ownership o Form: E	7. Nature of Indirect Beneficial Ownership		
			(Monul/Day/Tear)		ode	V	Amoun	(A) or (D)	Price	(msu. 3 a	nu +)			(Instr. 4)	
Common Stock			06/17/2019			P		3,000	A	\$ 5.88	97,663 (1)		D		
Common Stock		06/18/2019			P		2,000	A	\$ 5.83	99,663 (1)		D			
Reminder:	Report on a	separate line for		Derivative Secur	ities A	equire	Pers cont the f	ons when ained in the constant of the constant	o responding this for splays a	orm are curre	e not requently valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of	2	3. Transaction		e.g., puts, calls, v	varran 5	ts, op					itle and	8. Price of	9. Number	of 10.	11. Nature
	Conversion or Exercise Price of Derivative Security		Execution Da any	te, if Transaction Code Year) (Instr. 8)	of Deriv	and Expiration Date (Month/Day/Year) wative rifties uired or cosed (D) r. 3,		Ame Und Seco	ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	Derivative Securities	Owners Form of Derivati Security Direct (or Indire	hip of Indirec Beneficial Ownershi (Instr. 4)		
				Code V	(A)	(D)	Date Exer		Expiration Date	on Title	Amount or e Number of Shares				

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	06/19/2019
**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.