

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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## 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

1. Name and Address of Reporting Person *					2.	2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Herskowitz Neil						AVENUE THERAPEUTICS, INC. [ ATXI ]										0% Owner		
(Last)	(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							Officer (giv	e title below	()O	ther (specify	below)	
C/O AVENUE THERAPEUTICS, INC., 2 GANSEVOORT STREET, 9TH						1/28/2019												
FLOOR	ISE VOO	KI SII	(EE I	1,9111	L													
	(Stre	eet)			4.	If An	nendme	ent, Date (	Origi	nal Fil	ed (MM/E	DD/YYY	YY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
NEW YORK, NY 10014 (City) (State) (Zip)											X_Form filed by One Reporting Person Form filed by More than One Reporting Person							
			Table	e I - Noi	ı-De	rivat	ive Sec	urities A	cquii	red, Di	sposed (	of, or	Bene	eficially Owne	ed			
1.Title of Security (Instr. 3)			2. Trans. Date		e 2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	ode	4. Securities Acquired Disposed of (D) (Instr. 3, 4 and 5)		ired (A)	Fo	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Form:	7. Nature of Indirect Beneficial Ownership	
							Code	V	Amoun	(A) or (D)	Price	e					(Instr. 4)	
Common Stock 1/28/2019				19			P		1447	A	\$5.84	<u>(1)</u>	68610 ( <u>2</u> )		D			
Common Stock 1/29/2019				19			P		8553	A	\$5.91	<u>(1)</u>	77163 <sup>(2)</sup>			D		
	Tab	le II - Der	ivativ	e Securi	ities	Bene	ficially	Owned (	( <b>e.g.</b>	, puts	calls, w	arrar	nts, o	options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	se	Execut			Acq Dis		umber of vative Securities gired (A) or osed of (D) c. 3, 4 and 5)		6. Date Exercisable and Expiration Date			rities U	Jnderlying Security		9. Number of derivative Securities Beneficially Owned	Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	V	(A)	(D)	Dat Exe	e ercisable	Expiration Date	Title	Amor	ount or Number of es		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

#### **Explanation of Responses:**

- (1) Reflects the weighted average purchase price of multiple same-day open market purchase transactions effected by the Reporting Person on the same day at different prices through a purchase order executed by a broker-dealer. The reporting person reported on a single line all such transactions that occurred within a one dollar price range. The range of prices for the purchase transactions on January 28, 2019 was \$5.82 to \$5.89 and the range of prices for the purchase transactions on January 29, 2019 was \$5.86 to \$5.99. The reporting person hereby undertakes to provide upon request by the Securities Exchange Commission staff, the issuer, or a shareholder of the issuer, full information regarding the number of shares purchased at each separate price.
- (2) Includes 64,663 shares of restricted stock.

### **Reporting Owners**

Reporting Owner Name / Address	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	1/30/2019			
**Signature of Reporting Person	Date			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.