TREVENA INC Form 3 September 19, 2014 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires:

SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and A Person <u>*</u> Koppel A		oorting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol TREVENA INC [TRVN]							
(Last)	(First)	(Middle)	09/17/2014	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)				
C/O TREVE	ENA, INC.,	1018 W.					· · · ·				
8TH AVEN	UE, SUIT	ΓΕΑ									
KING OF	(Street)			X_ Director10% Owner OfficerOther (give title below) (specify below)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One				
PRUSSIA,Â	. PAÂ 1940)6					Reporting Person				
(City)	(State)	(Zip)	Table I - N	Non-Derivat	tive Securiti	es Be	Beneficially Owned				
1.Title of Secur (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•				
Common Ste	ock		0		D	Â					
Reminder: Report on a separate line for each class of second owned directly or indirectly.			ch class of securities benefic	^{ially} S	EC 1473 (7-02)					
	inform	nation conta	pond to the collection of ained in this form are not and unless the form displ	t							

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

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Date	Expiration
Exercisable	Date

Amount or Number of Shares or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address			Relationships					
	Dire	ctor	10% Owner	Officer	Other			
Koppel Adam C/O TREVENA, INC., 1018 W. 8TH AVE SUITE A KING OF PRUSSIA, PA 19406	NUE Â	X	Â	Â	Â			
Signatures								
/s/John M. Limongelli, Attorney-in-Fact	09/19/2014							
<u>**</u> Signature of Reporting Person		te						

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

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Remarks:

Exhibit List - Exhibit 24-Power of Attorney

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.