

TREVENA INC
Form 3
January 30, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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 Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â GOWEN MAXINE		(Month/Day/Year)	TREVENA INC [TRVN]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		01/30/2014		
C/O TREVENA, INC.,Â 1018 WEST 8TH AVENUE, SUITE A			(Check all applicable)	
(Street)			<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			President & CEO	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person
KING OF PRUSSIA,Â PAÂ 19406				
(City)	(State)	(Zip)		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	193,548	D	Â

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

SEC 1473 (7-02)

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.

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Amount or Number of Shares			or Indirect (I) (Instr. 5)	
Employee Stock Option (Right to Buy)	Â (1)	09/10/2020	Common Stock	230,806	\$ 0.682	D	Â
Employee Stock Option (Right to Buy)	Â (2)	06/23/2021	Common Stock	4,074	\$ 0.682	D	Â
Employee Stock Option (Right to Buy)	Â (3)	06/17/2023	Common Stock	382,089	\$ 2.232	D	Â
Employee Stock Option (Right to Buy)	Â (4)	09/26/2023	Common Stock	104,838	\$ 7.44	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GOWEN MAXINE C/O TREVENA, INC. 1018 WEST 8TH AVENUE, SUITE A KING OF PRUSSIA, PA 19406	Â X	Â	Â President & CEO	Â

Signatures

/s/Derek Colla, Attorney-in-Fact for Maxine Gowen
Date: 01/30/2014

Signature of Reporting Person

Date

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).

As of January 30, 2014, 211,693 of the shares underlying this option shall be vested. On April 8, 2014 and July 8, 2014, subject to the reporting person's continuous service to the issuer through such date, 15,121 and 3,992 shares underlying this option shall become vested, respectively.

As of January 30, 2014, 3,737 of the shares underlying this option shall be vested. On April 8, 2014 and July 8, 2014, subject to the reporting person's continuous service to the issuer through such date, 267 and 70 shares underlying this option shall become vested, respectively.

(3) One-sixteenth of these shares vested on August 3, 2013 and one-sixteenth vest quarterly thereafter.

(4) One-sixteenth of these shares vest on December 26, 2013 and one-sixteenth vest quarterly thereafter.

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.