

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

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* <u>Aperture Venture Partners IV, L.P.</u> (Last) (First) (Middle) 645 MADISON AVENUE, 20TH FLOOR (Street) NEW YORK NY 10022 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Trevi Therapeutics, Inc. [TRVI]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 05/09/2019	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	05/09/2019		C		232,963	A	(1)	232,963	D ⁽²⁾	
Common Stock	05/09/2019		P		112,000	A	\$10	344,963	D ⁽²⁾	

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Series C Preferred Stock	(1)	05/09/2019		C			2,054,795	(1)	(1)	Common Stock	232,963	\$0.00	0	D ⁽²⁾	

1. Name and Address of Reporting Person*
Aperture Venture Partners IV, L.P.
 (Last) (First) (Middle)
 645 MADISON AVENUE, 20TH FLOOR
 (Street)
 NEW YORK NY 10022
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Aperture Ventures IV Management, LLC
 (Last) (First) (Middle)
 645 MADISON AVENUE, 20TH FLOOR
 (Street)
 NEW YORK NY 10022
 (City) (State) (Zip)

Explanation of Responses:

1. On May 9, 2019, the Series C Preferred Stock, and the dividends that had accrued thereon to date, converted into Common Stock on a 9.5-for-one basis without payment of further consideration automatically upon the closing of the Issuer's initial public offering. The shares had no expiration date.
2. Aperture Ventures IV Management, LLC, the general partner of Aperture Venture Partners IV, L.P., has sole voting and investment control with respect to shares of the Issuer's common stock held by Aperture Venture Partners IV, L.P.

Remarks:

By: Aperture Venture Partners
IV, L.P., By: Aperture 05/09/2019
Ventures IV Management,
LLC, /s/ Eric Sillman, Member
By: Aperture Ventures IV
Management, LLC, /s/ Eric 05/09/2019
Sillman, Member

** 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 Number.