Edgar Filing: Minerva Neurosciences, Inc. - Form 4

| Minerva Ne | urosciences, Inc. | | | | | | | | | |
|---|-------------------------|----------------|--|--|--|--|--|--|-------------------------|--|
| Form 4 | | | | | | | | | | |
| June 18, 201 | ЛЛ | | | | | | | | PPROVAL | |
| COMM 4UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549Check 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 SECURITIESFiled 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 | | | | | | | N OMB Number: | 3235-0287 | | |
| | | | | | | | Estimated burden hou response | Estimated average burden hours per response 0. | | |
| (Print or Type | Responses) | | | | | | | | | |
| Laghrissi-Thode Fouzia Syn Mi | | | Symbol Minerv | 2. Issuer Name and Ticker or Trading Symbol Minerva Neurosciences, Inc. [NERV] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | . , , , | | | of Earliest T Day/Year) 2015 | ransaction | | X Director Officer (giv below) | | % Owner her (specify | |
| | | | | f Amendment, Date Original d(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) | Tab | ole I - Non-I | Derivative | Securities A | cquired, Disposed | of, or Beneficia | lly Owned | |
| 1.Title of Security 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, i any (Month/Day/Year) | | Date, if | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price | | 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) | | | |
| Reminder: Re | port on a separate line | e for each cla | ass of sec | | | (D) Price | or indirectly. | | | |

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 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 | se any (Month/Day | | 4. 5. Number of TransactiorDerivative Code Securities (Instr. 8) 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 Underlying Securities (Instr. 3 and 4)8(Instr. 3 and 4)(Instr. 3 and 4) | |
|---|---|-------------------|--|--|---------|--|--------------------|--|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (right to buy) | <u>(1)</u> | 06/17/2015 | | А | 25,000 | (2) | 06/17/2025 | Common Stock | 25,000 |

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Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | |
|---|----------|---------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Laghrissi-Thode Fouzia C/O MINERVA NEUROSCIENCES, INC., 1601 TRAPELO ROAD, SUITE 284 WALTHAM, MA 02451 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Mark Levine, Attorney-In-Fact 06/1 | 8/2015 | | | | | | |

<u>**</u>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) The exercise price shall be the closing price of the Issuer's Common Stock on July 1, 2015.
- (2) The shares shall vest quarterly over 3 years beginning on May 18, 2015.

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.