## Edgar Filing: Minerva Neurosciences, Inc. - Form 4

Minerva Neurosciences, Inc.									
Form 4									
June 17, 2016									
FORM 4 UNITED				~~~	~~~~~~~~~~		PPROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549							3235-0287		
Check this box					Expires:	January 31,			
if no longer subject to Section 16. Form 4 or						Estimated burden hou	Estimated average burden hours per response 0.5		
abligations	(a) of the Pub		ding Con	npany Act	nge Act of 1934, of 1935 or Sectio 940	on			
(Print or Type Responses)									
1. Name and Address of Reporting Kupfer David	Sy	2. Issuer Name <b>and</b> Ticker or Trading Symbol Minerva Neurosciences, Inc. [NERV]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	[N								
(Last) (First) ( C/O MINERVA NEUROSCIENCES, INC.,, TRAPELO ROAD, SUITE 2	(M 06 1601	Date of Earliest Tr Ionth/Day/Year) 5/16/2016	ransaction		X Director Officer (giv below)		% Owner her (specify		
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WALTHAM, MA 02451					Form filed by Person				
(City) (State)	(Zip)	Table I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)       2. Transaction Date       2A. Deemed Execution Date, i         (Month/Day/Year)       any (Month/Day/Year)		Code Year) (Instr. 8)	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report on a separate line	e for each class	Code V		(D) Price					

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	TransactionDerivative Code Securities		e Expiration Date (Month/Day/Year) (A) ed of		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)	\$ 10.2	06/16/2016		А	12,500		<u>(1)</u>	06/15/2026	Common Stock	12,500

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**Reporting Owners** 

Reporting Owner Name / Address		Relationships						
reporting o when runne / runness	Director	10% Owner	Officer	Other				
Kupfer David C/O MINERVA NEUROSCIENCES, IN 1601 TRAPELO ROAD, SUITE 284 WALTHAM, MA 02451	۶C.,	Х						
Signatures								
/s/ Mark S. Levine, Attorney-in-Fact	06/	17/2016						
**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).

The shares subject to this option vest in four equal quarterly installments at a rate of 1/4 of the total number of shares every three months,
 (1) with the first 1/4 vesting on the date that is three months following June 16, 2016 and an additional 1/4 every three months thereafter, subject in each case to the continued service of the Reporting Person as a non-employee director as of such vesting date.

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.