Minerva Neurosciences, Inc.

Form 3

December 20, 2016

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

**OMB APPROVAL** 

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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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement Minerva Neurosciences, Inc. [NERV] A Davidson Michael (Month/Day/Year) 12/16/2016 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O MINERVA (Check all applicable) NEUROSCIENCES, INC.. 1601 TRAPELO ROAD. 10% Owner Director **SUITE 284** \_X\_\_ Officer Other (give title below) (specify below) (Street) 6. Individual or Joint/Group Chief Medical Officer Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person WALTHAM, MAÂ 02451 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities 4. Nature of Indirect Beneficial 1. Title of Security Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (Instr. 5) Â Common Stock 0 D Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not

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

required to respond unless the form displays a

currently valid OMB control number.

3. Title and Amount of 1. Title of Derivative Security 6. Nature of Indirect 2. Date Exercisable and Securities Underlying Beneficial Ownership (Instr. 4) **Expiration Date** Conversion Ownership (Month/Day/Year) **Derivative Security** or Exercise Form of (Instr. 5)

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|                             | Date<br>Exercisable | Expiration<br>Date | (Instr. 4)<br>Title | Amount or<br>Number of<br>Shares | Price of<br>Derivative<br>Security | Derivative<br>Security:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) |   |
|-----------------------------|---------------------|--------------------|---------------------|----------------------------------|------------------------------------|---|---|
| Stock Option (Right to Buy) | (1)                 | 08/31/2026         | Common<br>Stock     | 30,000                           | \$ 12.35                           | D   | Â |

# **Reporting Owners**

| Reporting Owner Name / Address                    | Relationships |           |                       |       |  |
|---|---------------|-----------|-----------------------|-------|--|
|   | Director      | 10% Owner | Officer               | Other |  |
| Davidson Michael                                  |               |           |                       |       |  |
| C/O MINERVA NEUROSCIENCES, INC.                   | Â             | Â         | Chief Medical Officer | Â     |  |
| 1601 TRAPELO ROAD, SUITE 284<br>WALTHAM. MA 02451 |               |           |                       |       |  |

## **Signatures**

/s/Mark Levine,
Attorney-in-Fact

\*\*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).

The shares underlying the option shall vest and become exercisable as to 25% on September 1, 2017; the balance of the shares underlying (1) the option shall vest and become exercisable in 12 successive equal quarterly installments, in each case so long as the Reporting Person provides continuous service to the Issuer on each such date.

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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.

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