Edgar Filing: HILLEMAN JERYL L - Form 4

HILLEMAN	N JERYL L										
Form 4											
July 17, 201	8										
FORM	FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL			
UNITED STATES SECURITIES AND EACHANGE COMMISSION						ONID	3235-0287				
Check th	his box		Wa	shington	, D.C. 20	549		Number:			
if no lon	ger	AENT OI		NGES IN BENEFICIAL OWNERSHIP OF				Expires:	Expires: January 31		
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Section Form 4		SECURITIES				burden hours per response 0.5					
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	. 0.5		
obligatio	ons Section 17(of 1935 or Sectio	on			
may con <i>See</i> Instr	lunue.			•	•	y Act of 1					
1(b).	luction	. ,			•	2					
(Print or Type	Responses)										
1 Nome and	Address of Departing	Danson *					5 Deletionship e	f Donostin a Dos	man(a) to		
HILLEMAN JERYL L Symbol				uer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
				nerva Neurosciences, Inc.							
			[NERV		ciclices, i		(Che	ck all applicabl	e)		
(Last)	(First) (Middle)	-	-	ransaction		_X_ Director	100	% Owner		
				Date of Earliest Transaction Ionth/Day/Year)			Officer (give titleOther (specify				
C/O MINE	RVA		07/16/2	-			below)	below)			
NEUROSC	CIENCES, INC., 1	601									
TRAPELO	ROAD, SUITE 2	286									
	(Street)		4. If Amendment, Date Original 6. Individual or Jo			oint/Group Filing(Check					
			Filed(Mo	d(Month/Day/Year)			Applicable Line)				
							X Form filed by	One Reporting P More than One R			
WALTHA	M, MA 02451						Person		epotting		
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securit		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)						Form: Direct			
(Instr. 3)							· · ·	(D) or Indirect (I)	Ownership		
		(.j)	((,		Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported				
						or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Price	(mour o unu 1)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities benef	ficially own	ned directly of	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)			5. Number of orDerivative 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 Underlying Securities (Instr. 3 and 4)		8 I S ()
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 8.2	07/16/2018		А	40,000	(1)	07/16/2028	Common Stock	40,000	

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	Director 10% Owner C					
HILLEMAN JERYL L C/O MINERVA NEUROSCIENCES, INC. 1601 TRAPELO ROAD, SUITE 286 WALTHAM, MA 02451	х						
Signatures							
/s/ Matt Bartholomae, Attorney-in-Fact	07/17/201	18					
**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 shares subject to this option vest in equal monthly installments commencing on the one-month anniversary of July 16, 2018, subject to the continued service of the Reporting Person as a non-employee director on each 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.