FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

Name and Address of Reporting Person*     HILLEMAN JERYL L					2. Issuer Name and Ticker or Trading Symbol Minerva Neurosciences, Inc. [ NERV ]								(Ch	eck all applica	onship of Reporting all applicable) Director		on(s) to Issu	
(Last) C/O MIN	`	irst) UROSCIENCES	(Middle) S, INC.			ate o		Transa	saction (Month/Day/Year)					Officer ( below)	give title	Other (spe below)		pecify
1601 TRAPELO ROAD, SUITE 286					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WALTH	AM M	ΙA	02451											X Form fil	,		rting Persor One Repor	
(City)	(S	tate)	(Zip)															
		Ta	ble I - Non	-Deriva	ative	e Se	curities	Ac	quired, I	Dis	posed o	f, or Be	neficiall	y Owned				
Date					saction 2A. Deemed Execution D if any (Month/Day		Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4) 5)		ed (A) or tr. 3, 4 and	5. Amoun Securities Beneficia Owned Fo Reported	lly ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	Amount (A) or (D)		Transacti	Transaction(s) (Instr. 3 and 4)			msu. 4)		
			Table II - I						uired, Di , option					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Co	ansaction de (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		9	7. Title an of Securit Underlyin Derivative (Instr. 3 a	g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e S Illy	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Co	ode \	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(0)		
Stock Option (right to buy) <sup>(1)</sup>	\$3.32 <sup>(2)</sup>	06/10/2022		1	A		2,500 <sup>(2)</sup>		(3)	(	06/09/2032	Common Stock	2,500(2)	\$0.00	2,500 <sup>(</sup>	2)	D	

## **Explanation of Responses:**

- 1. This option is granted to non-employee directors in accordance with the Issuer's compensation program for non-employee directors, which provides that each non-employee director is eligible to receive an annual option grant to purchase 2,500 shares of common stock per year.
- 2. On June 17, 2022, the Issuer completed a 1-for-8 reverse stock split of the Issuer's common stock ("Reverse Stock Split"). This amount has been adjusted to give effect to the Reverse Stock Split.
- 3. 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, with the first 1/4 vesting on the date that is three months following June 10, 2022 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.

## Remarks:

/s/ Marc Recht, Attorney-in-

06/28/2022

\*\* 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.