FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
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Check 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					or S	ectio	n 30(h) of	the	Investme	ent Co	mpany Act	of 1940								
1. Name and Address of Reporting Person* JOHNSON & JOHNSON					2. Issuer Name and Ticker or Trading Symbol Minerva Neurosciences, Inc. [NERV]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 03/13/2015									Officer (give title Other (specify below)					
ONE JOHNSON & JOHNSON PLAZA					4. I	f Am	endment, [Date	of Origin	nal Fil	ed (Month/Da	6. Individual or Joint/Group Filing (Check Applicable								
(Street) NEW NJ 08933					-	Line) Form filed by One Reporting Person X Form filed by More than One Reporting														
BRUNSWICK 103															Person					
(City)	(S	tate) (Zip)																	
		Tab	le I -	Non-Deri	vative	Se	curities	Ac	quired	, Dis	sposed of	, or Be	nefi	ciall	y Owned	l				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo					Exec if an	Deemed cution Date, y nth/Day/Year)		Transaction Dispo			urities Acquired (A) sed Of (D) (Instr. 3,			Securities Beneficial Owned	eneficially wned		ership Direct t (I)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al nip	
					Code			v	Amount	(A) or (D)	Pric	:e	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(mstr. 4)			
Common Stock 03/13/201			15(1)	(i)			P		607,903	A	\$4	.81	4,500,1	,159(2)		[By Johnson & Johnson Innovation - JJDC, Inc. ⁽³⁾			
	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		4. Transactior Code (Instr 8)		5. Number on of			Exercion D	cisable and	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Follow Report Transa (Instr.	ive ies cially ing ed ction(s)		ship of Ir Ben (D) Own rect (Ins	Nature ndirect neficial nership str. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Nun of Sha							
Warrants (right to buy)	\$5.772	03/13/2015 ⁽¹⁾			P		607,903		03/18/20	015 ⁽¹⁾	03/18/2017	Common Stock	607	,903	\$0.125	607	,903	I	& Jo Inno	ohnson ohnson ovation- C, Inc. ⁽³⁾
		of Reporting Persor	n*																	
(Last) ONE JO	HNSON & .	(First) JOHNSON PLAZ		(Middle)																
(Street) NEW BRUNS	WICK	NJ	(08933		_														
(City)		(State)	((Zip)		_														

1. Name and Address of Reporting Person* Johnson & Johnson Innovation - JJDC, Inc.								
(Last)	(First)	(Middle)						
410 GEORGE STREET								
(Street) NEW BRUNSWICK	NJ	08901						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. The transaction is subject to customary closing conditions and is expected to close on or about 03/18/2015.
- 2. Consists of 3,892,256 shares of Common Stock and 607,903 shares of Common Stock underlying immediately exercisable warrants.
- 3. The securities reported as being indirectly beneficially owned by the designated Reporting Person are directly beneficially owned by Johnson & Johnson Innovation JJDC, Inc., a wholly-owned subsidiary of the designated Reporting Person (formerly known as Johnson & Johnson Development Corporation).

/s/ Douglas Chia, Secretary of Johnson & Johnson
/s/ Steven M. Rosenberg,
Secretary of Johnson & 03/17/2015
Johnson Innovation - JJDC, Inc.

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).