FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:	0.5							

_	Check this box if no longer subject to										
$\Box$	Section 16. Form 4 or Form 5 obligations may continue. See										
_	Instruction 1(b).										

	tion 1(b).			File					a) of the Sec Investment				.934			liouis	Jei ies	porise.	0.5
1. Name and Address of Reporting Person* HASLER HANS PETER					2. Issuer Name and Ticker or Trading Symbol  Minerva Neurosciences, Inc. [ NERV ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)			(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/27/2023							Of	ector ficer low)	r (give title		10% Ov Other (s below)	·	
C/O MINERVA NEUROSCIENCES, INC. 1500 DISTRICT AVENUE				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne)	lividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person					
(Street) BURLINGTON MA 01803													Form filed by More than One Reporting Person						
(City)	?)	State)	(Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									i to					
		Tab	ole I - Non	-Deriv	/ativ	e Se	curities	s Ac	quired, I	Dis	posed o	of, or Be	neficia	lly Owr	ned				
1. Title of Security (Instr. 3)  2. Transc Date (Month/L				2A. Deemed Execution D Day/Year) if any (Month/Day/		Date,	r, Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			and Securitie Beneficia Owned F		es Form ally (D) o Following (I) (In		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o (D)	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		•	Table II - I (						uired, Di , option:					y Owne	ed				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security			3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivat Securit	ive	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
Stock Option (right to buy) <sup>(1)</sup>	\$7.3	09/27/2023			A		12,500		(2)	0	9/26/2033	Common Stock	12,500	\$0.0	0	12,500		D	

## **Explanation of Responses:**

- 1. This option is granted to non-employee directors in accordance with the Company's compensation program for non-employee directors, which provides that each non-employee director is eligible to receive an annual option grant to purchase 12,500 shares of common stock per year.
- 2. 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 September 27, 2023 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-

09/29/2023

**Fact** 

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.