SEC For	m 4 FORM	4	UNITED) STA	tes si	ECURITIE	ES AN	ID E	ХСНА	NG	ECC	OMMIS	SSION					
			Washington, D.C. 20549											(OMB APPROVAL			
Section obligati	this box if no lo 16. Form 4 or ions may contin tion 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								HIP	Estima	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5						
1. Name and Address of Reporting Person [*] VAN HEEK G JAN					2. Issuer Name and Ticker or Trading Symbol Minerva Neurosciences, Inc. [NERV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	``	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/27/2023							Officer (give title Other (specify below) below)				specify		
C/O MINERVA NEUROSCIENCES, INC. 1500 DISTRICT AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) BURLIN	(Street) BURLINGTON MA 0180				Person								d by More than One Reporting					
(City) (State) (Zip)			(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 intend satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								at is intended	l to				
		Tab	le I - Nor	n-Deriva	ative Se	curities Ac	quirec	, Dis	oosed o	of, o	r Bene	eficially	y Owned					
Date				2. Transa Date (Month/D	ay/Year)	2A. Deemed Execution Date, if any (Month/Day/Yea	Code (Instr.				(A) or 3, 4 and	4 and Securities Beneficial Owned Fo Reported		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount		(A) or (D) Price		Transaction(s) (Instr. 3 and 4)					
		-				urities Acq s, warrants	,			,			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 I if any (Month/Day	Date, Ti	ransaction ode (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Expirati (Month/	on Date		of S Unc Der	Title and <i>A</i> Securities derlying ivative S str. 3 and	ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	

Explanation of Responses:

\$7.<mark>3</mark>

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.

Date

Exercisable

(2)

(D)

Expiration

09/26/2033

Date

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:

Stock Option

(right to buy)⁽¹⁾

/s/ Marc Recht, Attorney-in-Fact

09/29/2023

12,500

D

** Signature of Reporting Person

Amount or Number

12,500

\$0.00

of Shares

Title

Common

Stock

Date

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

 \ast If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

09/27/2023

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code v

A

(A)

12,500

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.