FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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 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

| Name and Address of Reporting Person* Beer Marc D. | | | | | 2. Issuer Name and Ticker or Trading Symbol Minerva Neurosciences, Inc. [NERV] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | all app Direc | olicable) etor | | Owner | |
|--|------|--|---------------|-----------------|--|------------|----------|---------|---|---------------|----------------|---|--------------------------------------|---|---|--|--|------------------|--|
| (Last) | , | , | Middle) | | | 02/02/2015 | | | | | | | | | Officer (give title below) | | Othe belo | r (specify v) | |
| C/O MINER VA NEUROSCIENCES, INC. 1601 TRAPELO ROAD, SUITE 284 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | AM M | Α (| 02451 | | | | | | | | | | | X | | filed by Mon | e Reporting Pe | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | | Date | Code (I | 4. Securities A Disposed Of (Instr. and 5) | | sed Of (D) | | | 5. Am Secur Benef Owner Follow | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amou | nt (A) or (D) | | ice | Repor Trans | | (111341. 4) | (111541. 4) | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Exc Security or Exercise (Month/Day/Year) if a | | 3A. Deemed Execution Da if any (Month/Day/Y | ution Date, T | | 4. Transaction Code (Instr. 8) | | n Number | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | rice ivative urity etr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | oiration te | Title | Amoun or Numbe of Shares | | | | | | |
| Stock Option (right to buy) | (1) | 02/02/2015 | | | A | | 7,500 | | (2) | 02/ | 01/2015 | Common Stock | 7,500 | \$ | 0.00 | 7,500 | D | | |

Explanation of Responses:

- $1. \ The \ exercise \ price \ shall \ be \ the \ closing \ price \ of \ of \ the \ Issuer's \ common \ stock \ on \ February \ 2, \ 2015.$
- 2. The shares shall vest in 4 equal quarterly installments from the effective date of Award Determination.

Remarks:

/s/ Marc D. Beer

02/04/2015

** 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.