FORM 4

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

Vashington	D.C. 20549
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STATEMENT OF C	HANGES IN BEN	NEFICIAL OW	NERSHIP

OMB APPROVAL							
OMB Number:	OMB Number: 3235-0287						
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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)

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*     DOYLE WILLIAM F					2. Issuer Name and Ticker or Trading Symbol Minerva Neurosciences, Inc. [ NERV ]						(Che	elationship o ck all application	able)	y Perso	10% Ov	ner
	IERVA NEI	UROSCIENCES	*		3. Date of Earliest Transaction (Month/Day/Year) 06/10/2022							Officer below)	(give title		Other (s below)	pecify
1601 TRAPELO ROAD, SUITE 286				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WALTH	AM M	Ā	02451							1 '	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date			Transaction te onth/Day/\	Execution Date,		Code (Instr. 5)				5. Amour Securities Beneficia Owned For Reported	Form (D) o	Form: (D) or	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V Amount (A) or (D)				Price	Transaction(s) (Instr. 3 and 4)				(III3ti. 4)			
	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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		Code	ransaction Derivative Sode (Instr. Securities		re s i (A) sed str.	Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	(Instr. 4)				
Stock Option (right to buy) <sup>(1)</sup>	\$3.32 <sup>(2)</sup>	06/10/2022		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-<u>Fact</u>

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.