Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington, D.C. 20549

## **OMB APPROVAL** OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person*  Davidson Michael					2. Issuer Name and Ticker or Trading Symbol  Minerva Neurosciences, Inc. [ NERV ]								eck all appl Direct	tionship of Reporting Person all applicable) Director Officer (give title below) Chief Medical Of		son(s) to Issu 10% Ow Other (s)	ner
(Last) (First) (Middle) C/O MINERVA NEUROSCIENCES, INC. 1601 TRAPELO ROAD, SUITE 286					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2019								^ below			below)	
(Street) WALTHAM MA 02451  (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tak	le I - Non-De	rivativ	e Se	curities	s Ac	quired, D	isp	osed o	f, or Be	neficial	ly Owne	t			
Date				ransaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.					Benefic	es For ally (D) Following (I) (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
								Code	,	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			Instr. 4)
			Table II - Deri (e.g.					uired, Dis , options					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 Date, if any (Month/Day/Year)	Code (Inst				6. Date Exercis Expiration Dat (Month/Day/Ye			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$7.11	12/31/2019		A		37,216		(1)	12	2/30/2029	Common Stock	37,216	\$0.00	37,21	6	D	

## **Explanation of Responses:**

1. This option vests 25% on December 31, 2019 and then in quarterly installments over 3 years thereafter.

## Remarks:

/s/ Ryan Sansom, Attorney-in-

**Fact** 

\*\* Signature of Reporting Person

Date

01/03/2020

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.