FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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).

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

1. Name ar	Min	Issuer Name and Ticker or Trading Symbol Minerva Neurosciences, Inc. [NERV] J. Date of Earliest Transaction (Month/Day/Year)										all app Direc	onship of Reporting Il applicable) Director Officer (give title		10% C						
(Last)	`	,	Middle)		03/1′	7/20	17									belov	(0		below)	` '	
C/O MINERVA 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	led by One Reporting Person			
(Street) WALTH	AM M	A 0	2451													Form filed by More than One Reportin Person					
(City)	(S	tate) (a	Zip)																		
		Tabl	le I - N	Non-Deriv	ative S	Secu	ıritie	s Acc	quired,	Dis	posed of	f, or l	Bene	eficia	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					y/Year)	Execution D			3. Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr. and 5)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A (D) or)	Price		Repor Trans	Reported Transaction(s) (Instr. 3 and 4)		·· ··)	(111341. 4)				
Common Stock 03/17/20						017			P		25,000) .	A	\$8.3	4 ⁽¹⁾	25,000		D			
Common Stock 03/20/20					017				P		25,000) .	A	\$7.89(2)		50,000			D		
	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)	2. Conversior or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)	4. Transac Code (II 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiratio (Month/D	n Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			Secu	Price ivative surity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	wnership orm: irect (D) r Indirect) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount mber ires							

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$8.25 to \$8.45, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in footnotes (1) and (2) to this Form 4.
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$7.65 to \$8.10, inclusive.

Remarks:

/s/ Mark S. Levine, Attorneyin-Fact 03/21/2017

** 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.