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

													$\overline{}$							
1. Name and Address of Reporting Person* Levine Mark S.					2. Issuer Name and Ticker or Trading Symbol Minerva Neurosciences, Inc. [NERV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last)	(Fi		Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/14/2016									below	r (give title	Couns	10% Ov Other (s below) el & Sec	specify	
1601 TRAPELO ROAD, SUITE 284						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) WALTH)2451 Zip)											Line) X	Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exe if a	a. Deemed lecution Date, any onth/Day/Year)		Transaction Code (Instr.			rities Acq ed Of (D) (, 4 Securi Benef Owned		ies cially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amoun	unt (A) or (D)		ice				4)	(Instr. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/	on Date,	4. Transact Code (In 8)		on of		6. Date Exe Expiration I (Month/Day		e and 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		of De Se (Ir	Price f erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership		
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amour or Number of Shares	er						
Restricted Stock Units	(1)	12/14/2016			A		20,000		(2)		(2)	Common Stock	20,00	00	\$0.00	20,000		D		
Employee Stock Option (Right to Buy)	\$13.45 ⁽³⁾	12/14/2016			A		35,000		(4)	12	/13/2026	Common Stock	35,00	00	\$0.00	35,000		D		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock
- 2. Represents shares issuable upon the vesting of restricted stock units ("RSUs") awarded to the Reporting Person on December 14, 2016. The RSUs vest in 4 equal annual installments beginning on December 14, 2017 and will be fully vested on December 14, 2020, in all cases so long as there has been no break in the Reporting Person's continuous service through such date.
- 3. The exercise price is the closing price of the Issuer's common stock on December 14, 2016.
- 4. This option shall vest as follows: 25% on December 14, 2017 and then in quarterly installments over 3 years thereafter.

Remarks:

<u>/s/ Mark Levine</u> <u>12/16/2016</u>

** Signature of Reporting Person Da

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.