SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

X	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						

hours per response:	0.5
Estimated average burden	

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																				
						Issuer Name and Ticker or Trading Symbol <u>Minerva Neurosciences, Inc.</u> [NERV]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
						3. Date of Earliest Transaction (Month/Day/Year) 08/29/2017									- Officer (give title Other (specify below) below)					
(Street) NEW BRUNSWICK (City) (State) (Zip)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
		Tab	le I -	Non-Deriv	vative	e Seo	curities	s A	cquir	red, I	Disp	posed o	f, or E	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye)				n (ear)	2A. Deemed Execution Date,			3. Transa Code (8)	action	4. Securities Acquired (A) or			(A) or	5) 5. Amount of Securities Beneficially Owned Follo		unt of ies cially Following	Forr (D) (m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Ī	Code	Code V		ount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 08/29/201			17	7			J ⁽¹⁾		3,8	392,256	D	\$0.000)1 ⁽¹⁾	0		I		By Johnson & Johnson Innovation - JJDC, Inc. ⁽²⁾		
		Ta	able	II - Derivat (e.g., p								sed of, onvertib				wned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed 4. Irivative Conversion Date Execution Date, Transacti curity or Exercise (Month/Day/Year) if any Code (Ins		action	5. Nun	nber ative ities red sed 3, 4	6. D Expi (Moi	ate Ex	vercisable and		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date	e rcisab		Expiration Date	Title	Amount or Number of Shares						
		Reporting Person [*])HNSON																		
(Last) (First) (Middle) ONE JOHNSON & JOHNSON PLAZA																				

(Street)
NEW
BRUNSW

(City)	(State)	(Zip)
(Street) NEW BRUNSWICK	NJ	08901
410 GEORGE ST	REET	
(Last)	(First)	(Middle)
1. Name and Address Johnson & Joh		^{on*} : <u>ion - JJDC, Inc.</u>
(City)	(State)	(Zip)
NEW BRUNSWICK	NJ	08933

Explanation of Responses:

1. The shares were repurchased by the Issuer at their par value in connection with the amendment of a co-development and license agreement between the Issuer and an affiliate of Johnson & Johnson Innovation - JJDC, Inc.

2. The securities reported as being indirectly beneficially owned by the Reporting Person are directly beneficially owned by Johnson & Johnson Innovation - JJDC, Inc., a wholly-owned subsidiary of the Reporting Person.

Remarks:

/s/ Thomas Spellman III, Secretary of Johnson & 09/14/2017 Johnson /s/ James J. Bergin, Secretary of Johnson & Johnson Innovation - JJDC, Inc.

Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.