
**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): June 13, 2016

Minerva Neurosciences, Inc.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

001-36517
(Commission
File Number)

26-0784194
(I.R.S. Employer
Identification No.)

1601 Trapelo Road
Suite 284
Waltham, MA
(Address of principal executive offices)

02451
(Zip Code)

(Registrant's telephone number, including area code): (617) 600-7373

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
 - Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
 - Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
 - Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))
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Item 8.01. Other Events.

Minerva Neurosciences, Inc. (the “Company”) is filing the investor presentation slides attached as Exhibit 99.1 to this Current Report on Form 8-K, which the Company may use from time to time in conversations with investors and analysts.

On June 8, 2016, certain investors in the Company’s previously announced March 2015 private placement exercised their warrants. Upon exercise, the Company issued the investors an aggregate of 232,537 shares of the Company’s common stock. The Company received gross proceeds of \$1,359,519.56 from the exercise prices of the exercised warrants.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

<u>Exhibit No.</u>	<u>Description</u>
99.1	Investor Presentation dated June 2016.

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

MINERVA NEUROSCIENCES, INC.

By: /s/ Mark S. Levine

Name: Mark S. Levine

Title: Senior Vice President, General Counsel and
Secretary

Date: June 13, 2016

INDEX OF EXHIBITS

<u>Exhibit No.</u>	<u>Description</u>
99.1	Investor Presentation dated June 2016.



***Innovative CNS therapies
to address unmet medical needs***

June 2016

Forward-Looking Statement Safe-Harbor

This presentation contains certain forward-looking statements about Minerva Neurosciences that are intended to be covered by the safe harbor for “forward-looking statements” provided by the Private Securities Litigation Reform Act of 1995, as amended. Forward-looking statements are statements that are not historical facts. Words such as “expect(s),” “feel(s),” “believe(s),” “will,” “may,” “anticipate(s)” and similar expressions are intended to identify forward-looking statements. These statements include, but are not limited to: the benefits, efficacy and safety of our new formulations; whether studies performed on analogs or backups of our compounds are a good predictor of the clinical efficacy of our compounds; the timing and results of future clinical milestones; the timing of future clinical trials and results of such clinical trials; statements regarding our ability to successfully develop and commercialize our therapeutic products; our ability to expand our long-term business opportunities; our expectations regarding approval for our products by the U.S. Food and Drug Administration or equivalent foreign regulatory agencies; estimates regarding the market potential for our products; financial projections and estimates and their underlying assumptions; and future performance. All of such statements are subject to certain risks and uncertainties, many of which are difficult to predict and generally beyond the control of the Company, that could cause actual results to differ materially from those expressed in, or implied or projected by, the forward-looking statements. These risks and uncertainties include, but are not limited to: the benefits, efficacy and safety of our new formulations; whether analogs or backups of our compounds are a good predictor of the clinical efficacy of our compounds; the timing and results of future clinical milestones; the timing of future clinical trials and results of such clinical trials; whether any of our therapeutic candidates will advance further in the clinical trials process and whether and when, if at all, they will receive final approval from the U.S. Food and Drug Administration or equivalent foreign regulatory agencies and for which indications; whether any of our therapeutic candidates will be successfully marketed if approved; whether our therapeutic product discovery and development efforts will be successful; our ability to achieve the results contemplated by our collaboration agreements; the strength and enforceability of our intellectual property rights; competition from pharmaceutical and biotechnology companies; the development of and our ability to take advantage of the market for our therapeutic products; our ability to raise additional capital to fund our operations on terms acceptable to us; general economic conditions; and the other risk factors contained in our periodic and interim reports filed with the Securities and Exchange Commission which are available on the SEC website at www.sec.gov. Our audience is cautioned not to place undue reliance on these forward-looking statements that speak only as of the date hereof, and we do not undertake any obligation to revise and disseminate forward-looking statements to reflect events or circumstances after the date hereof, or to reflect the occurrence of or non-occurrence of any events.

Building a portfolio of innovative therapies

Program	Origin	Primary Indications	Mechanisms of Action	Pre-clinical	Phase I	Phase II	Status
MIN-101	Mitsubishi Tanabe	Schizophrenia	<ul style="list-style-type: none"> • 5-HT2A antagonist • Sigma2 antagonist 	Phase IIb completed Extension phase ongoing			TLR announced May 2016
MIN-117	Mitsubishi Tanabe	Major Depressive Disorder	<ul style="list-style-type: none"> • 5-HT1A • 5HT transporter • Alpha-1a, b • Dopamine transporter • 5-HT2A antagonist 	Phase IIa completed			TLR announced May 2016
MIN-202	Janssen (under co-development)	Primary Insomnia Major Depressive Disorder	<ul style="list-style-type: none"> • Selective Orexin2 antagonist 	Phase IIa completed Phase Ib completed			TLR January 2016 TLR March 2016
MIN-301	Mind-NRG	Parkinson's Disease	<ul style="list-style-type: none"> • Neuregulin 1β1 activating ErbB4 	Pre-clinical			IND or IMPD; Phase 1 expected to initiate thereafter

MIN-101

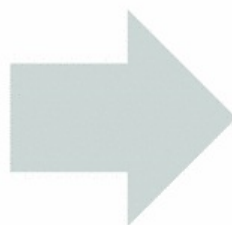
**A new drug with the potential to address
unmet needs in schizophrenia**

MIN-101: non dopaminergic-blocking MoA with the potential to address unmet medical needs

Pharmacological
targets

5-HT_{2A} antagonist

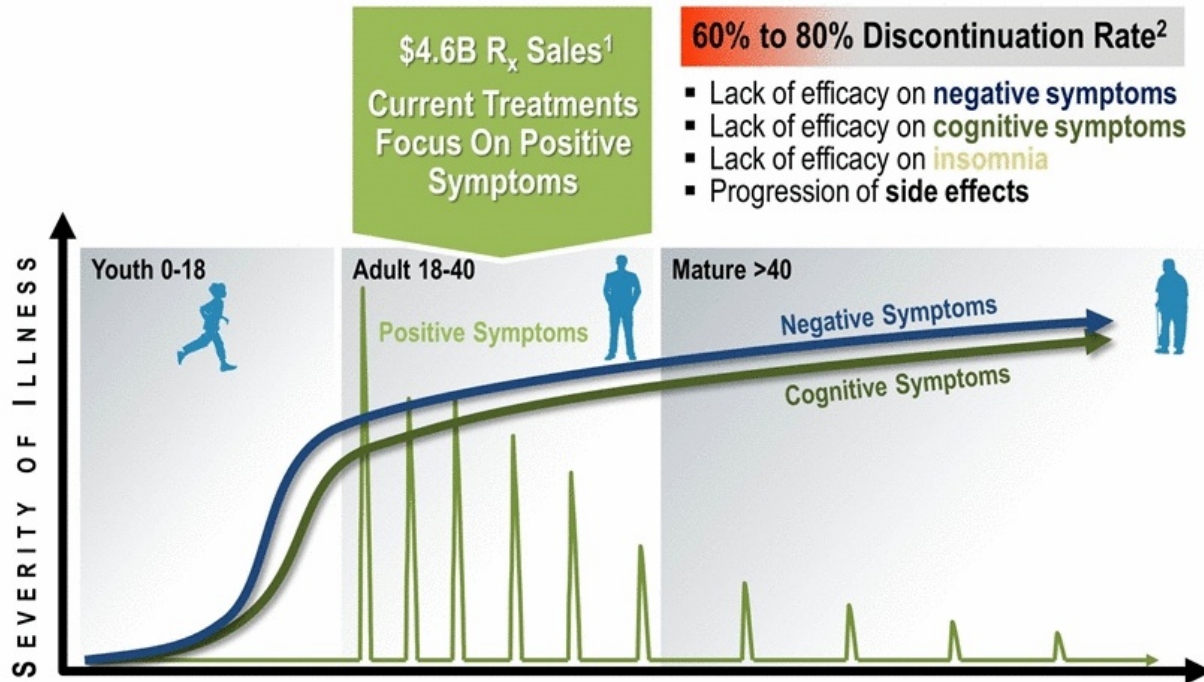
Sigma₂ antagonist



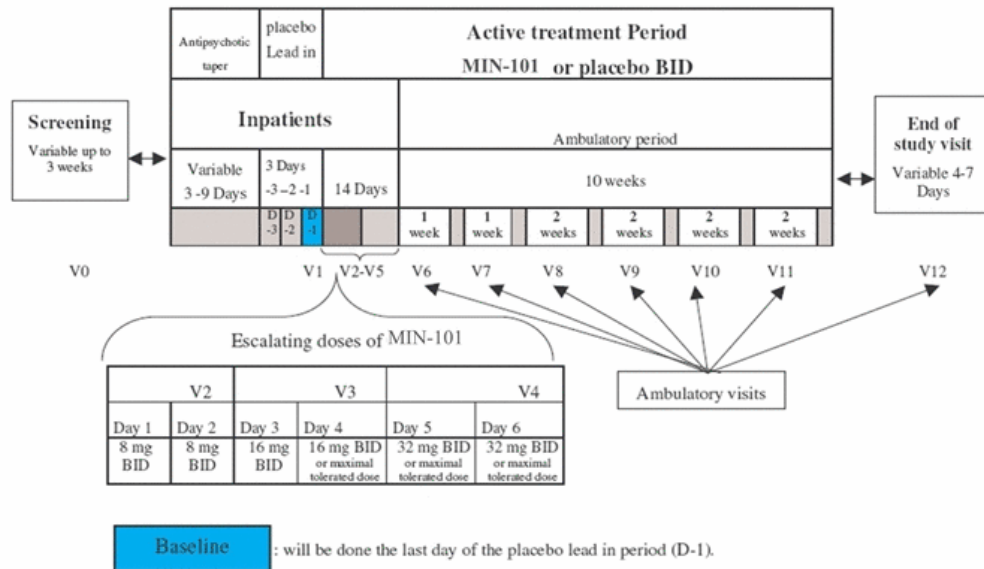
Potential benefits /
differentiation

Improve negative
symptoms, cognition
and sleep disorders,
in addition to control
of positive symptoms

An effective and safe lifelong treatment for schizophrenia remains a significant unmet need



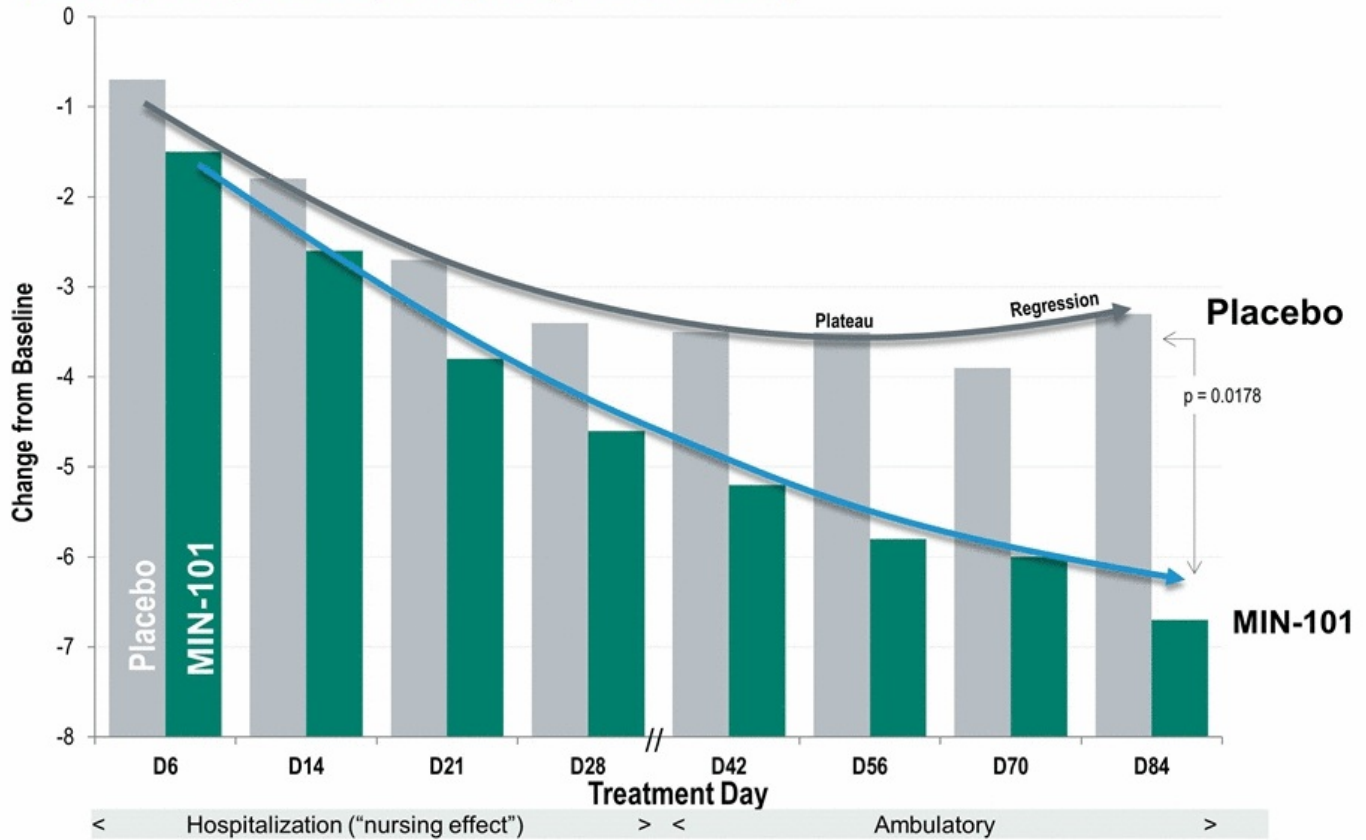
MIN-101 Phase IIa study: monotherapy, double-blind, placebo controlled in relapsed patients



- Patients relapsed from previous therapy
- Previous therapy washed-out
- 3 month treatment duration
- 96 patients, equally randomized between MIN-101 and placebo
- Hospitalization of patients permitted during the first month— thereafter ambulatory
- Minimum entry total PANSS score of 60
- 13 centers in Europe



MIN-101 Phase IIa: Change from baseline on negative symptoms over 3 months (64 mg daily dose (32mg bid) vs placebo)



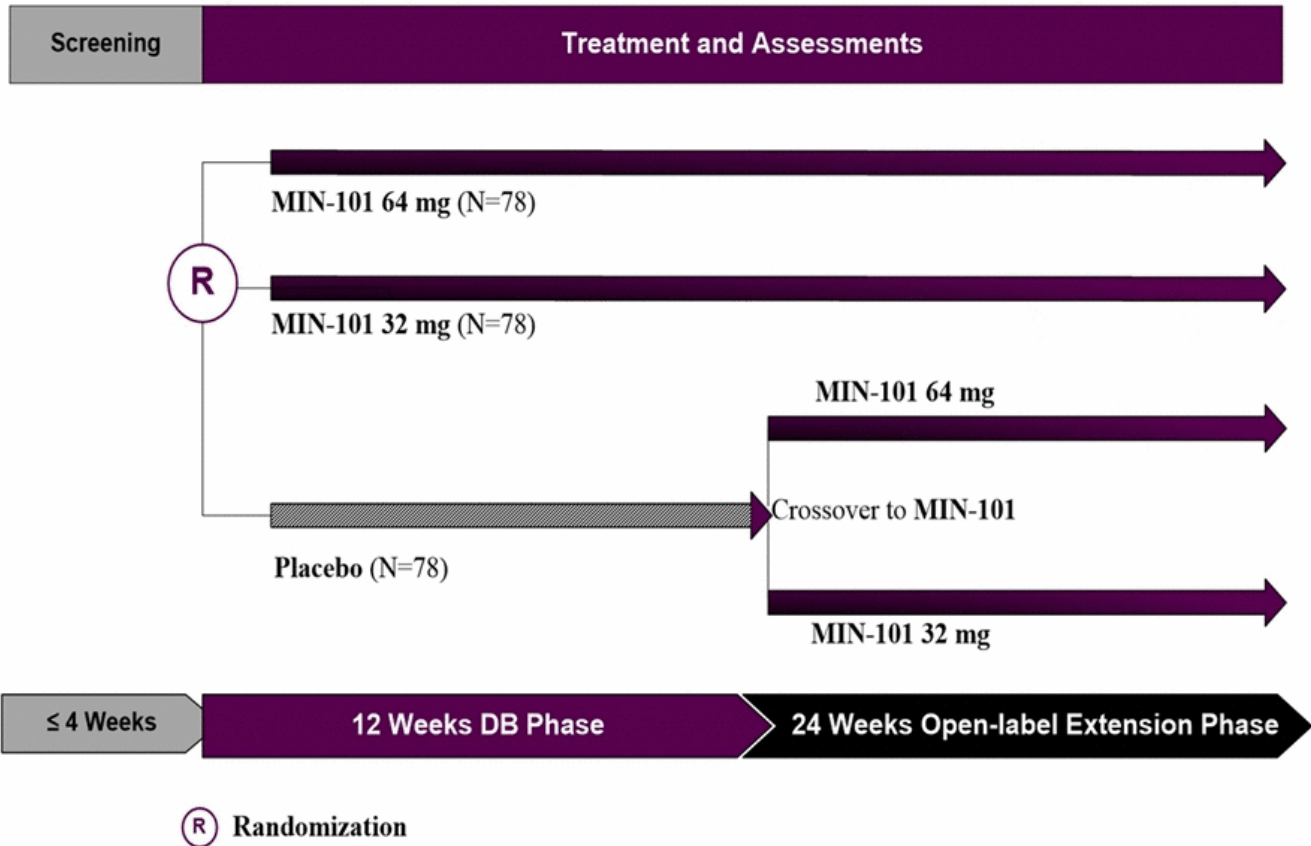
MIN-101 Phase IIa study results demonstrated:

- ✓ efficacy on broad spectrum of symptoms
- ✓ efficacy on dimensions of cognition
- ✓ improvement in objective and subjective sleep biomarkers
- ✓ absence of side effects commonly seen with existing therapies (EPS, weight gain, prolactin increase, sedation)
- ✓ minor QTc prolongation at Cmax with the supra-therapeutic dose used in phase IIa (as expected)

MIN-101 Phase IIb

A multi-center, randomized, double-blind, parallel-group, placebo-controlled 12 week study to evaluate the efficacy, tolerability and safety of MIN-101 in patients with negative symptoms of schizophrenia followed by a 24-week, open-label extension

MIN-101 Phase IIb: Study design



MIN-101 Phase IIb: Primary and secondary objectives

Primary:

To evaluate the efficacy of MIN-101 compared to placebo in improving the negative symptoms of schizophrenia as measured by the change from Baseline in the Positive and Negative Syndrome Scale (PANSS) negative subscale score of the pentagonal model over 12 weeks of treatment.

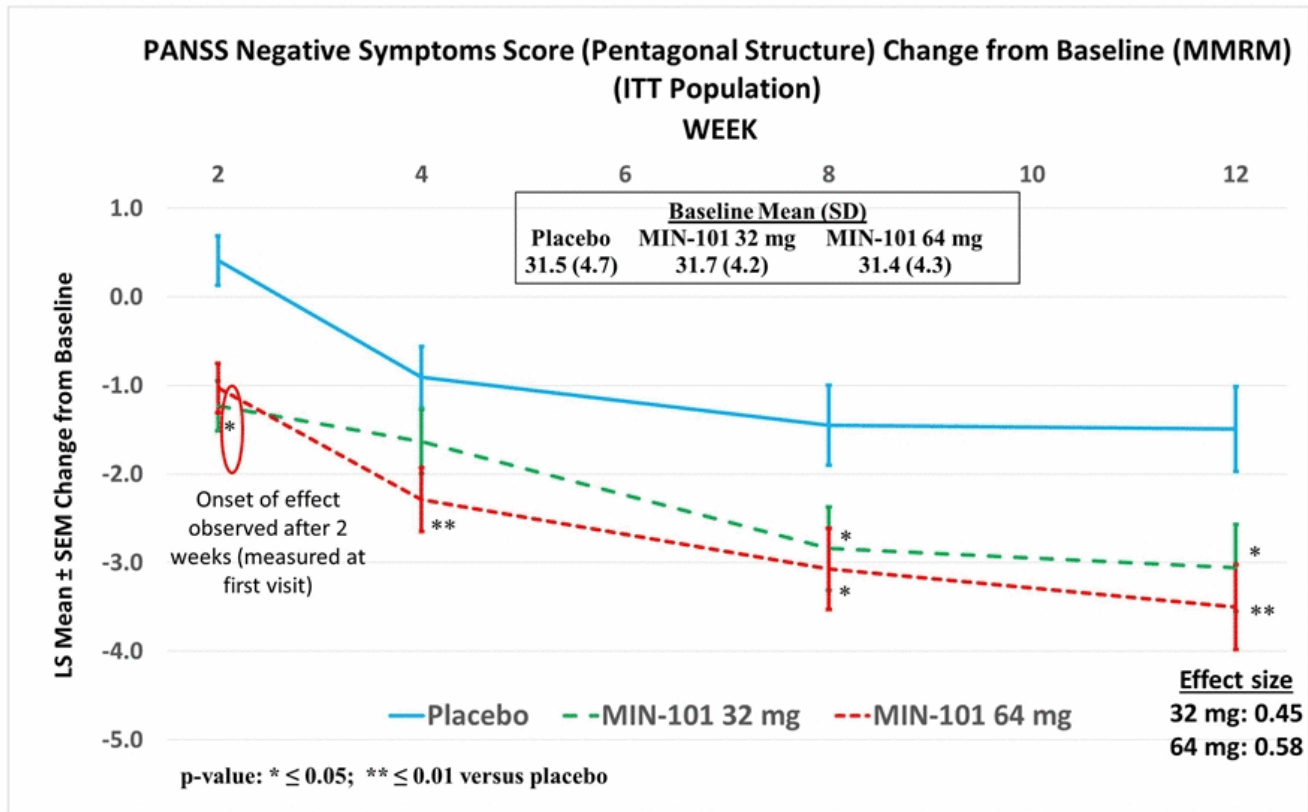
Secondary:

- To evaluate the efficacy of MIN-101 compared to placebo in improving other symptoms of schizophrenia as measured by the change from Baseline in the PANSS total score, positive symptoms score, dysphoric mood, activation, and autistic preoccupation sub-scores of the pentagonal model over 12 weeks of double-blind treatment.
- To evaluate the efficacy of MIN-101 compared to placebo in improving symptoms of schizophrenia as measured by changes from Baseline in the PANSS total score and sub-scores according to the 3 factors analysis over 12 weeks of double-blind treatment.
- To evaluate the efficacy of MIN-101 compared to placebo in improving negative symptoms of schizophrenia as measured by the change from Baseline in the Brief Negative Symptoms Scale (BNSS) total score over 12 weeks of double-blind treatment.
- To assess the effects of MIN-101 compared to placebo on the Clinical Global Impression of Severity (CGI-S) and Clinical Global Impression of Improvement (CGI-I) over 12 weeks of double-blind treatment.
- To assess the effects versus placebo of MIN-101 on cognitive function as measured by the Brief Assessment of Cognition in Schizophrenia (BACS) battery over 12 weeks of double-blind treatment.
- To evaluate the safety and tolerability of MIN-101 compared to placebo.
- To assess the pharmacokinetics (PK) profile of MIN-101 and its metabolites using population PK models.
- To assess the persistence of efficacy, and the safety and tolerability of MIN-101 during the 24-week, open-label extension phase.

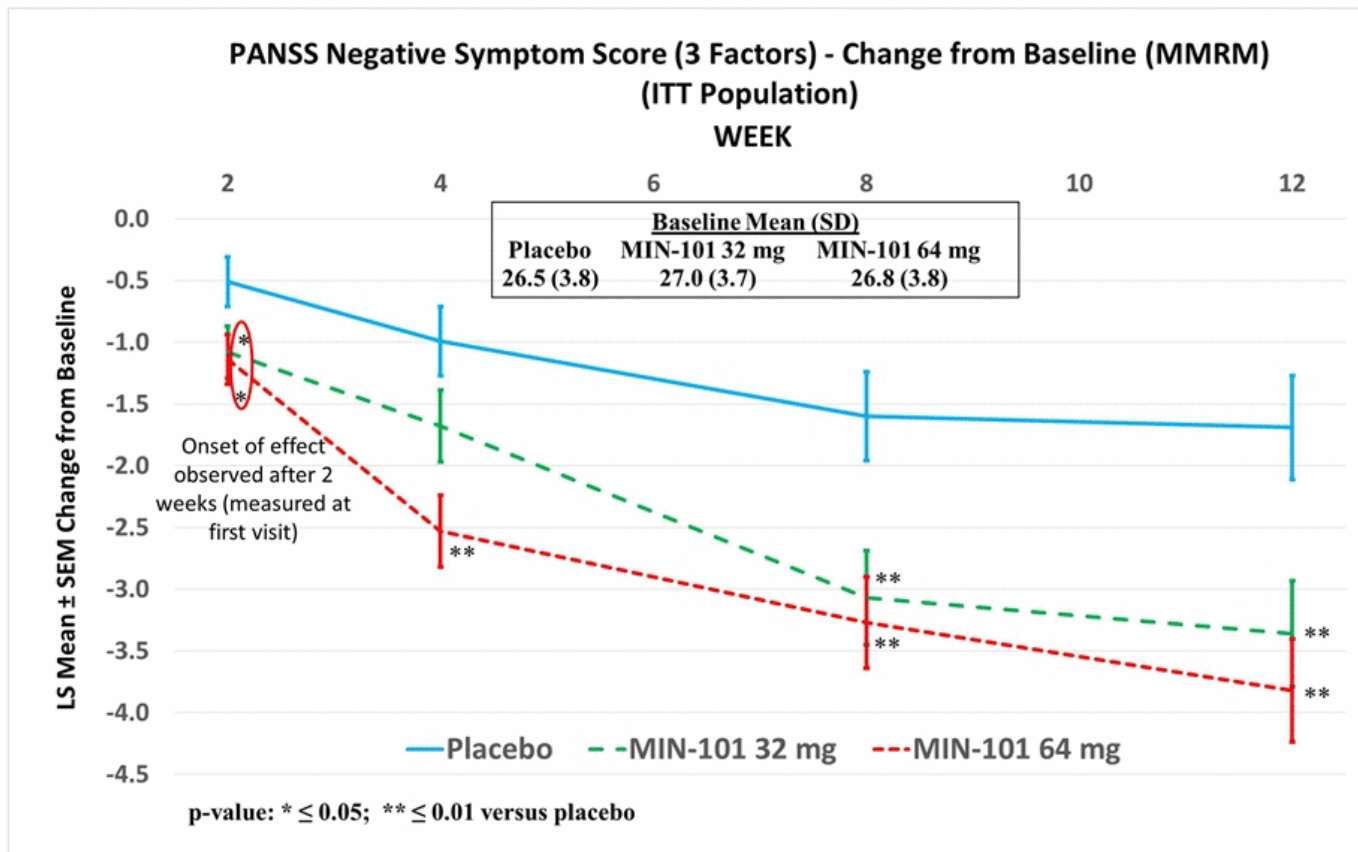
MIN-101 Phase IIb: Statistical methods

- Primary endpoint analysis:
 - ✓ Efficacy analyses are based on the Intent to Treat (ITT) population
 - ✓ Mixed-effects model for repeated measures (MMRM) is applied
 - ✓ Changes from baseline to week 12 in PANSS negative subscale score using the pentagonal structured model is the primary endpoint
 - ✓ The Hochberg procedure is applied in order to maintain the Type I error rate due to multiple comparisons of the primary endpoint results at or below 0.050%

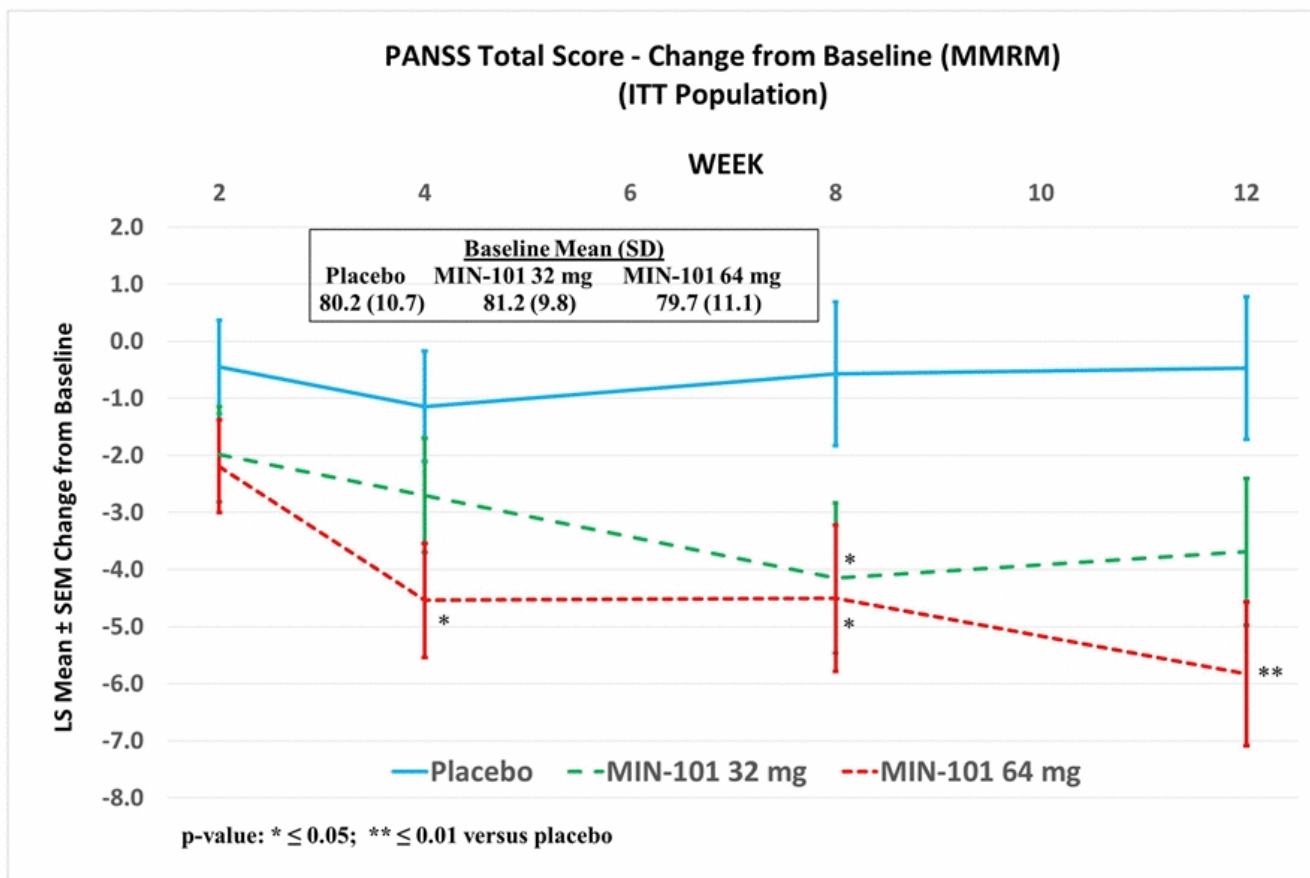
Efficacy: Primary endpoint PANSS negative subscale (pentagonal structure)



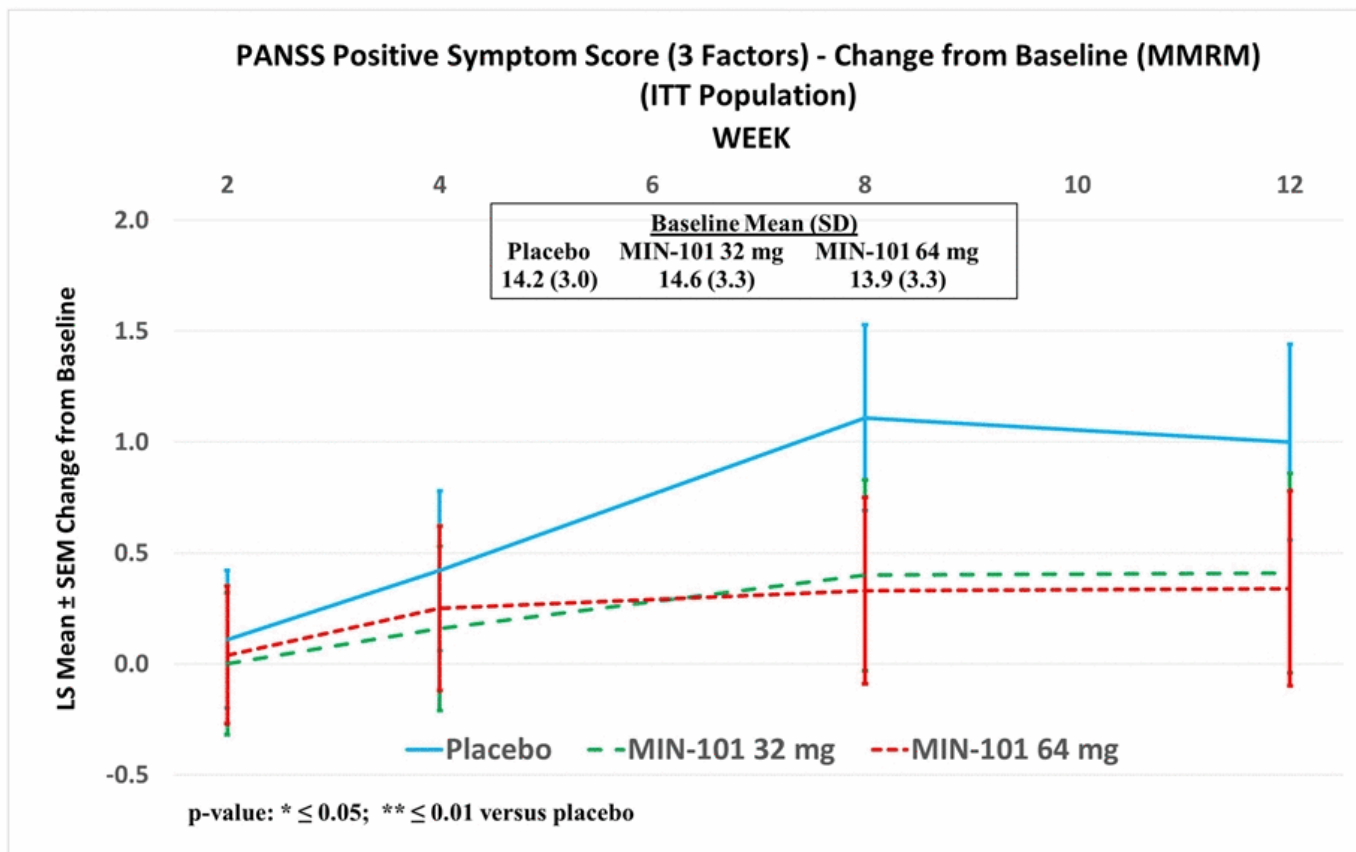
Efficacy: Secondary endpoint (1) PANSS negative symptom score (3 Factors)



Efficacy: Secondary endpoint (2) PANSS total score



Efficacy: Secondary endpoint (3) PANSS positive symptom score (3 Factors)



Efficacy: Primary and Secondary endpoints

Summary table of statistically significant results

Endpoint	p-value		Effect Size	
	MIN-101 versus Placebo		MIN-101 versus Placebo	
	32 mg	64 mg	32 mg	64 mg
Primary Objective				
PANSS Negative Subscale Score (Pentagonal Structure Model)	0.0213	0.0030	0.45	0.58
Secondary Objectives				
PANSS Total Score	0.0714	0.0027	0.35	0.59
PANSS Positive Subscale Score (Pentagonal Structure Model)	0.5933	0.1926	-0.10	0.25
Dysphoric Mood Subscale Score (Pentagonal Structure Model)	0.5156	0.0238	0.12	0.43
Activation Subscale Score (Pentagonal Structure Model)	0.0213	0.0111	0.45	0.49
Autistic Preoccupation Subscale Score (Pentagonal Structure Model)	0.7004	0.2586	0.08	0.22
PANSS Negative Subscale Score	0.0058	0.0004	0.55	0.70
PANSS Positive Subscale Score	0.3388	0.2832	0.18	0.21
PANSS General Psychopathology Subscale Score	0.2270	0.0032	0.23	0.57
Brief Negative Symptoms Scale	0.0934	0.0044	0.33	0.56
Clinical Global Impression of Severity	0.0964	0.0266	0.28	0.28
Clinical Global Impression of Improvement	0.2345	0.0042	0.41	0.69
Brief Assessment of Cognition in Schizophrenia	0.0388	0.5947	0.40	0.10
Exploratory Objectives				
Calgary Depression Scale for Schizophrenia	0.2315	0.0090	0.23	0.50
Personal and Social Performance	0.2193	0.0021	0.24	0.59

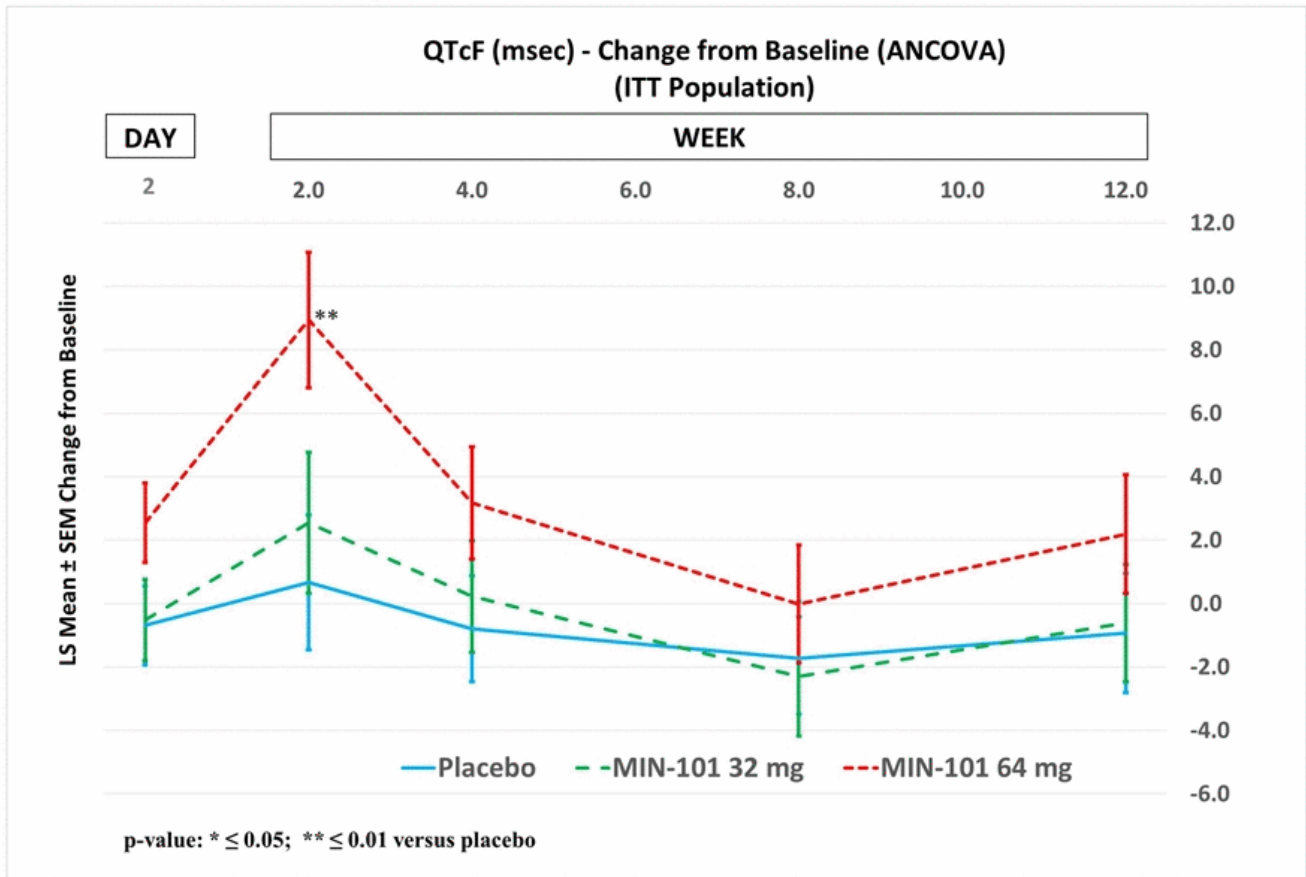
Safety: Reported common adverse events

The Incidence of Common Treatment Emergent Adverse Events by System Organ Class and Preferred Term

System Organ Class Preferred Term	Placebo (N = 83)	MIN-101		Total (N = 161)	Overall (N = 244)
		32 mg (N = 78)	64 mg (N = 83)		
Subjects with Any Common TEAE	21 (25.3%)	20 (25.6%)	22 (26.5%)	42 (26.1%)	63 (25.8%)
General disorders and administration site conditions	2 (2.4%)	5 (6.4%)	4 (4.8%)	9 (5.6%)	11 (4.5%)
Asthenia	2 (2.4%)	5 (6.4%)	4 (4.8%)	9 (5.6%)	11 (4.5%)
Nervous system disorders	3 (3.6%)	7 (9.0%)	5 (6.0%)	12 (7.5%)	15 (6.1%)
Headache	3 (3.6%)	7 (9.0%)	5 (6.0%)	12 (7.5%)	15 (6.1%)
Psychiatric disorders	18 (21.7%)	13 (16.7%)	15 (18.1%)	28 (17.4%)	46 (18.9%)
Schizophrenia	9 (10.8%)	5 (6.4%)	8 (9.6%)	13 (8.1%)	22 (9.0%)
Anxiety	5 (6.0%)	5 (6.4%)	6 (7.2%)	11 (6.8%)	16 (6.6%)
Insomnia	8 (9.6%)	4 (5.1%)	5 (6.0%)	9 (5.6%)	17 (7.0%)

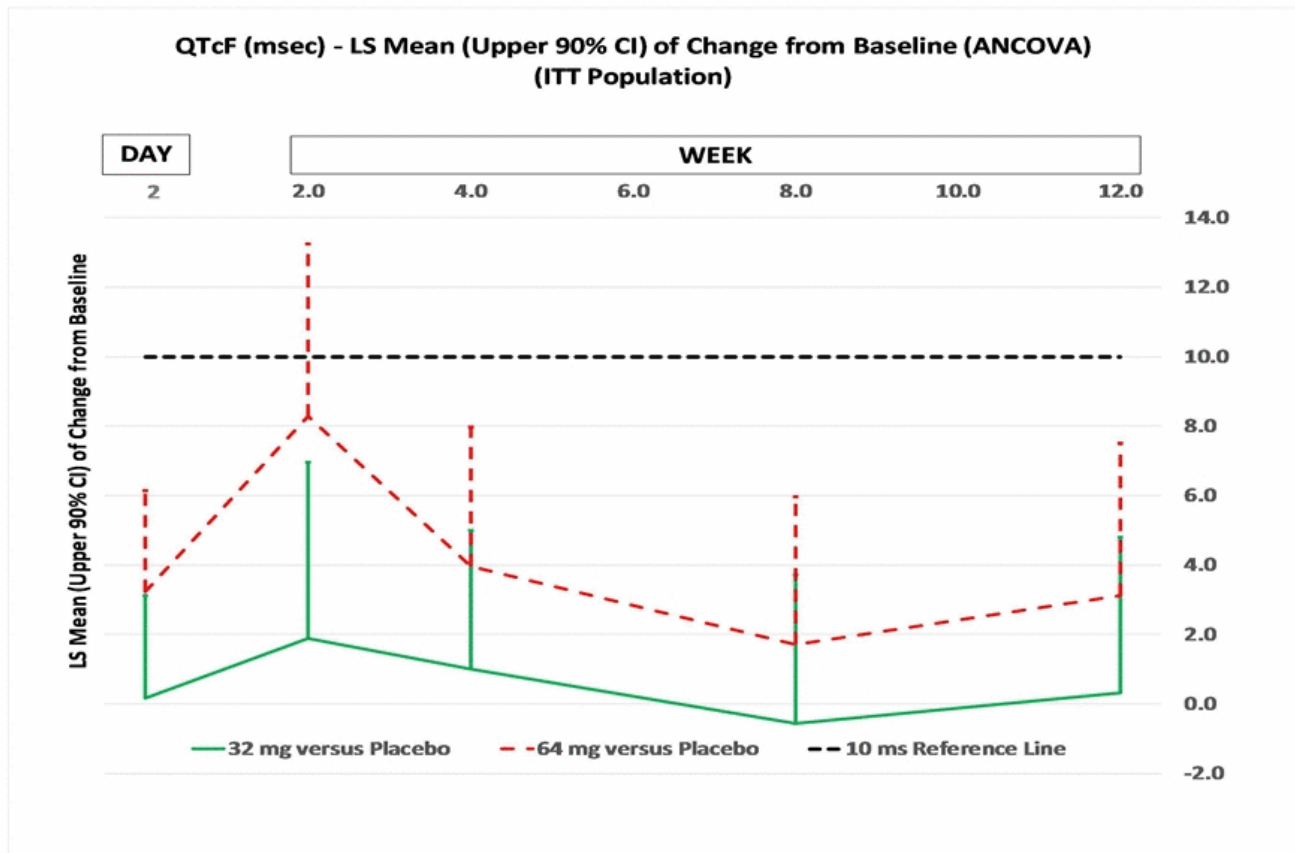
Note: Common TEAEs are TEAEs that occurred = 5% of subjects in any treatment group

Safety: QTcF (msec) – change from baseline



Safety:

QTcF (msec) – LS Mean (Upper 90% CI) of change from baseline



Safety: Summary of other safety parameters

Side Effect	Phase IIb results showed
AEs and SAEs	Limited and comparable to placebo
Weight Gain, Waist Circumference	No increase
Laboratory Tests, including Prolactin	No increase
Extra-pyramidal Symptoms	No effect on AIMS scale
Vigilance	No sedation

***In the Phase IIb study MIN-101 showed a differentiated safety profile versus commonly observed side effects of current treatments for schizophrenia**

MIN-101 US development plan

- U.S. Investigational New Drug Application (IND) accepted by FDA in December 2015
- Advanced-stage U.S. clinical program to be defined following results of Phase IIb trial in Europe
- Under consideration
 - Multiple potential clinical late-stage pathways / routes to registration
 - Trials to be conducted independently or with a partner

MIN-101: In-licensed from Mitsubishi Tanabe Pharmaceutical Company (MTPC)

- Minerva: exclusive worldwide license includes rights to develop, commercialize and sub-license MIN-101 (and back-ups) outside of certain Asian countries
- MTPC: retains rights to commercialize and sell MIN-101 in certain Asian countries including China, Japan, India and South Korea (MTPC Territory)
- Milestones upon launch and commercialization goals could total up to \$47.5 million payable
- Royalties payable on net sales range from high single digits to low teens

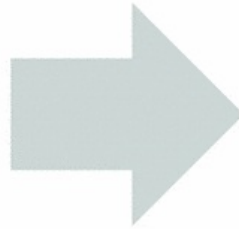
MIN-117

Our objective is to develop a new drug to address unmet needs in major depressive disorder (MDD)

MIN-117 for Major Depressive Disorder

Pharmacological targets

5-HT1A
5HT Transporter
Alpha-1a,b
Dopamine Transporter
5-HT2A antagonist

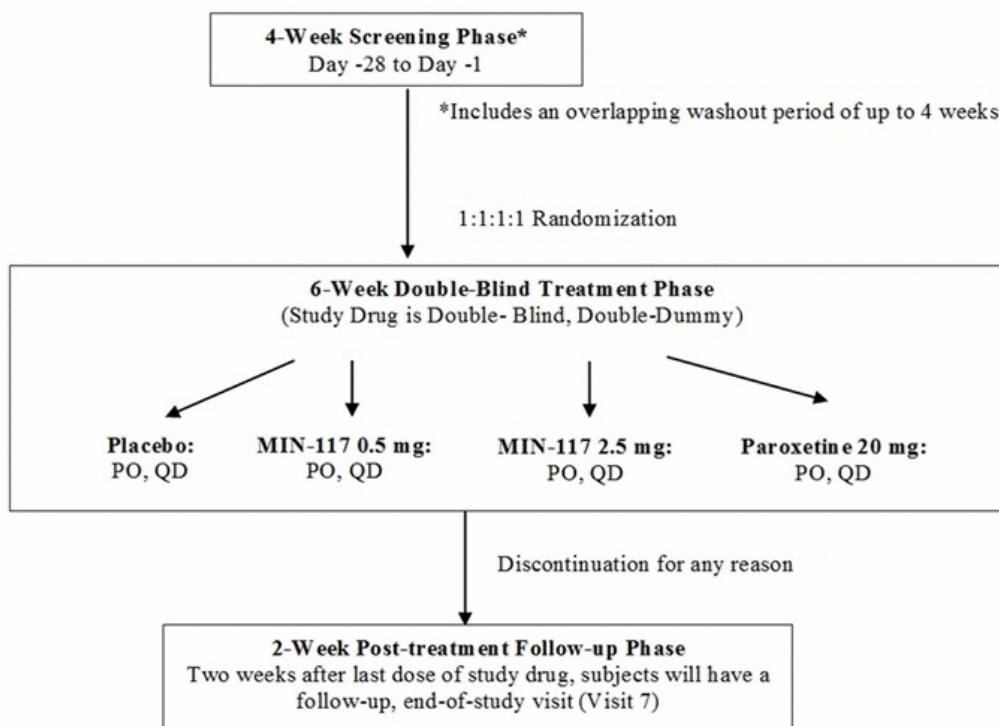


Potential benefits / differentiation

Faster onset
Preserve cognition
and sexual function
Treat partial and non-
responders

**MIN117: Phase IIa
A Randomized, Double-Blind, Parallel-
Group, Placebo- and Active-Controlled
Study to Evaluate the Efficacy and Safety
of 2 Doses of MIN-117 in Adult Subjects
with Major Depressive Disorder**

Figure 1: Study Design Diagram (Timelines not to scale)



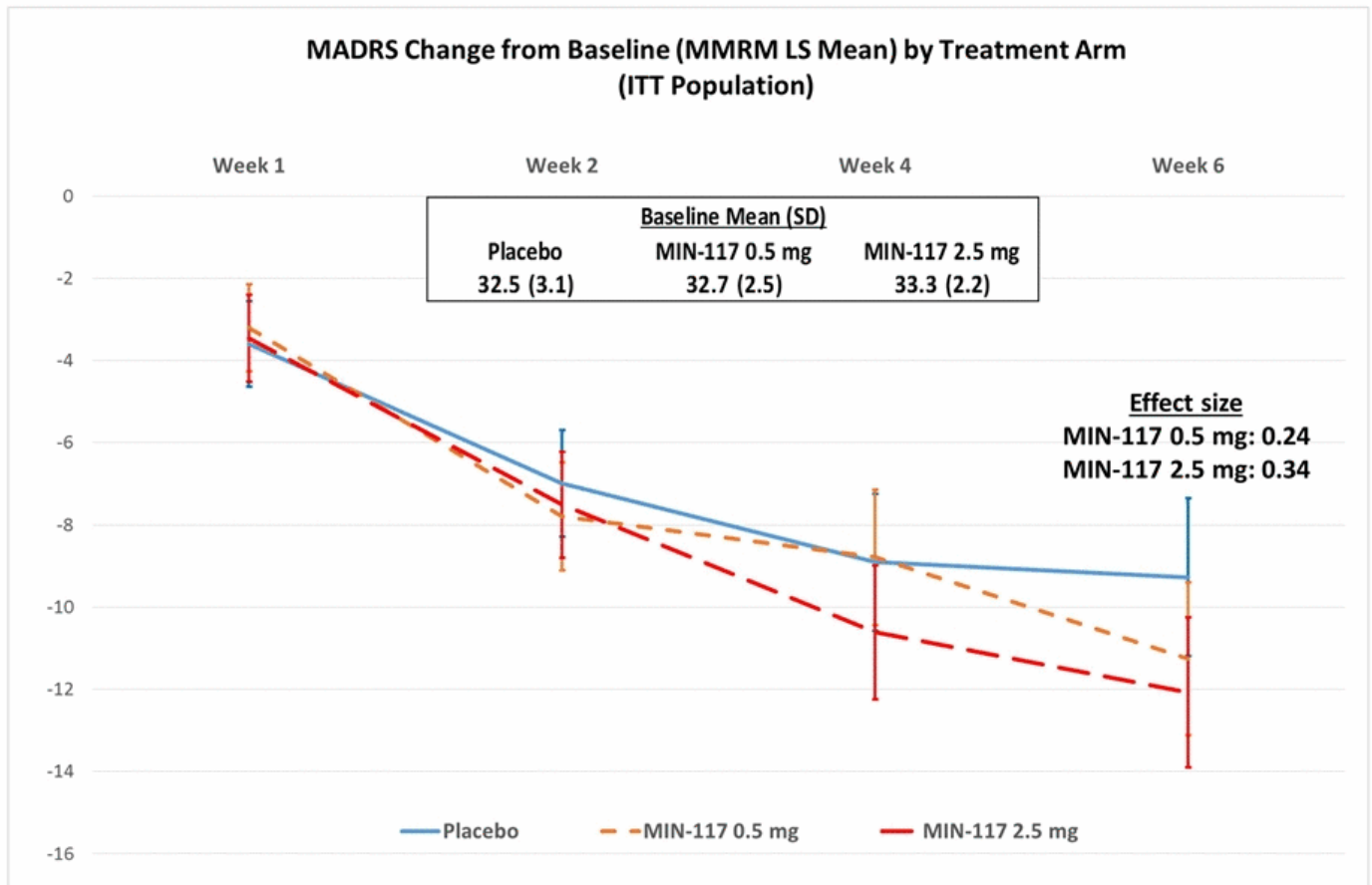
Primary:

To evaluate the efficacy of MIN-117 0.5 and 2.5 mg compared to placebo in reducing the symptoms of a major depressive episode as measured by the change from Baseline in the Montgomery-Asberg Depression Rating Scale (MADRS) total score over 6 weeks of treatment.

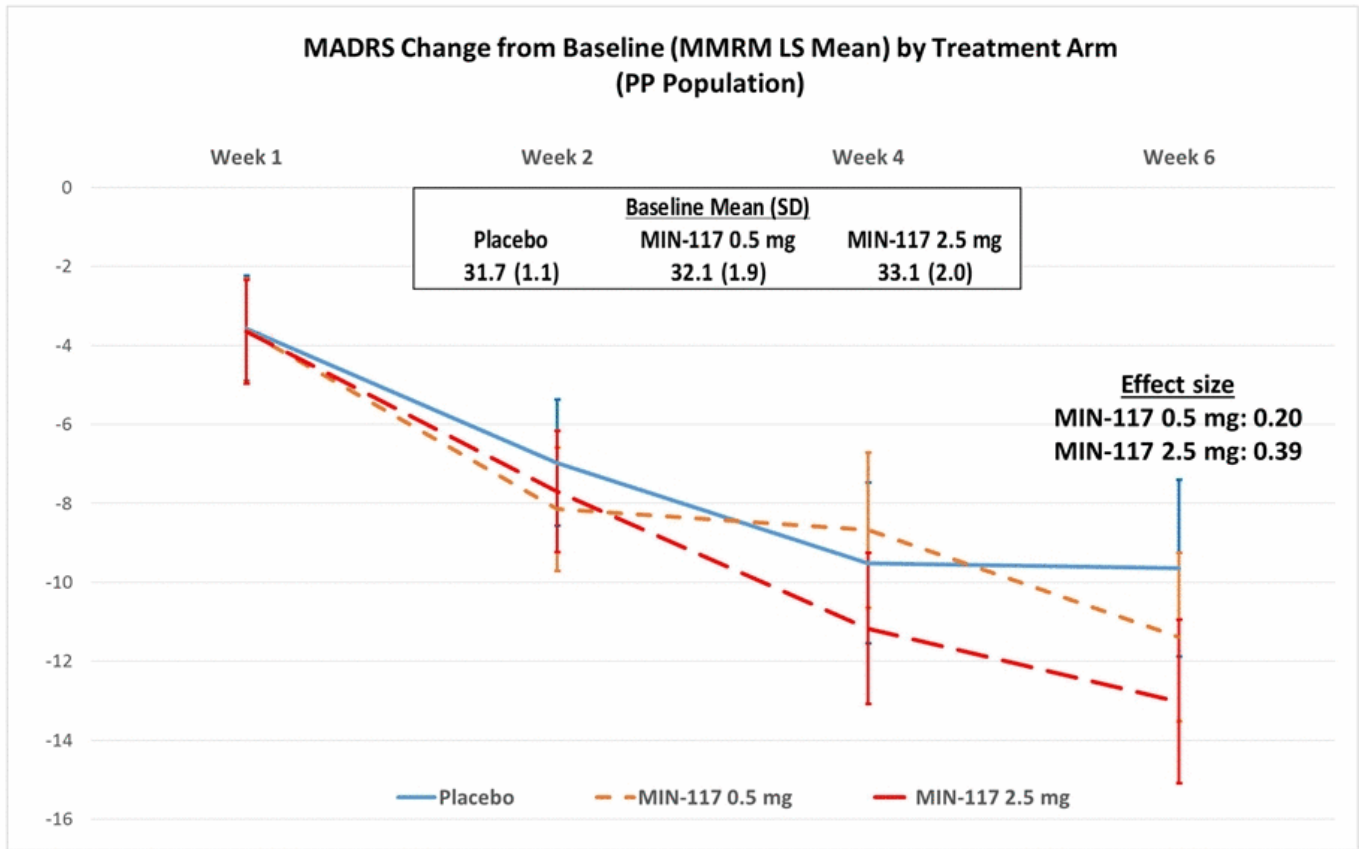
Secondary:

- To evaluate the efficacy of MIN-117 0.5 and 2.5 mg compared to placebo in onset of antidepressant response as measured by the change from Baseline in the MADRS total score over 6 weeks of treatment.
- To assess the effects of MIN-117 compared to placebo on severity of illness and improvement using the Clinical Global Impression of Severity (CGI-S) and Clinical Global Impression of Improvement (CGI-I) over 6 weeks of treatment.
- To assess the effect of MIN-117 compared to placebo on sexual functioning using the Arizona Sexual Experiences Scale (A-SEX).
- To assess the effect of MIN-117 compared to placebo on executive function and working memory using Digit-Symbol Substitution Test (DSST), Towers of London Test, and Digit Span Backwards task.
- To evaluate the safety and tolerability of MIN-117 compared to placebo over 6 weeks of treatment.

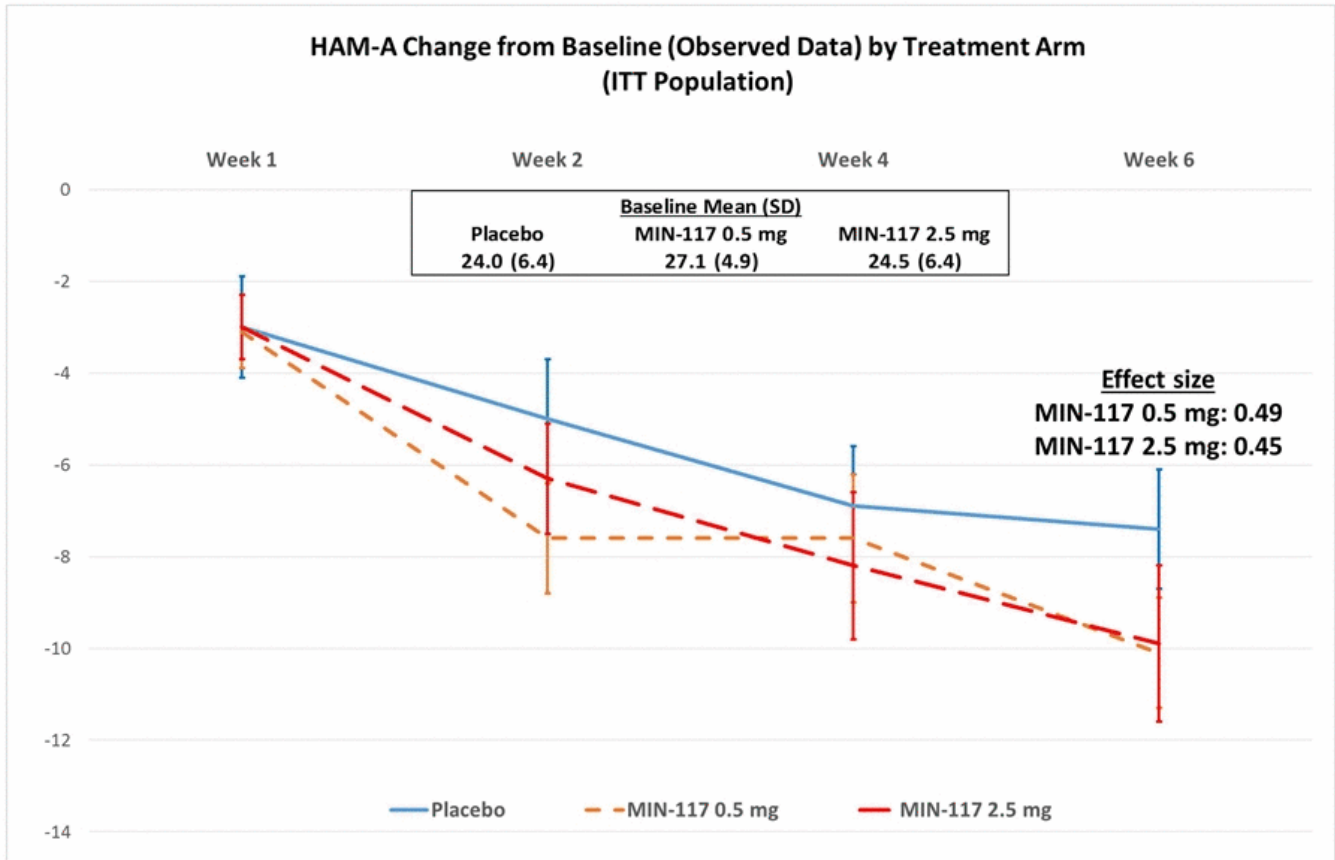
Efficacy: MADRS primary endpoint (ITT population)



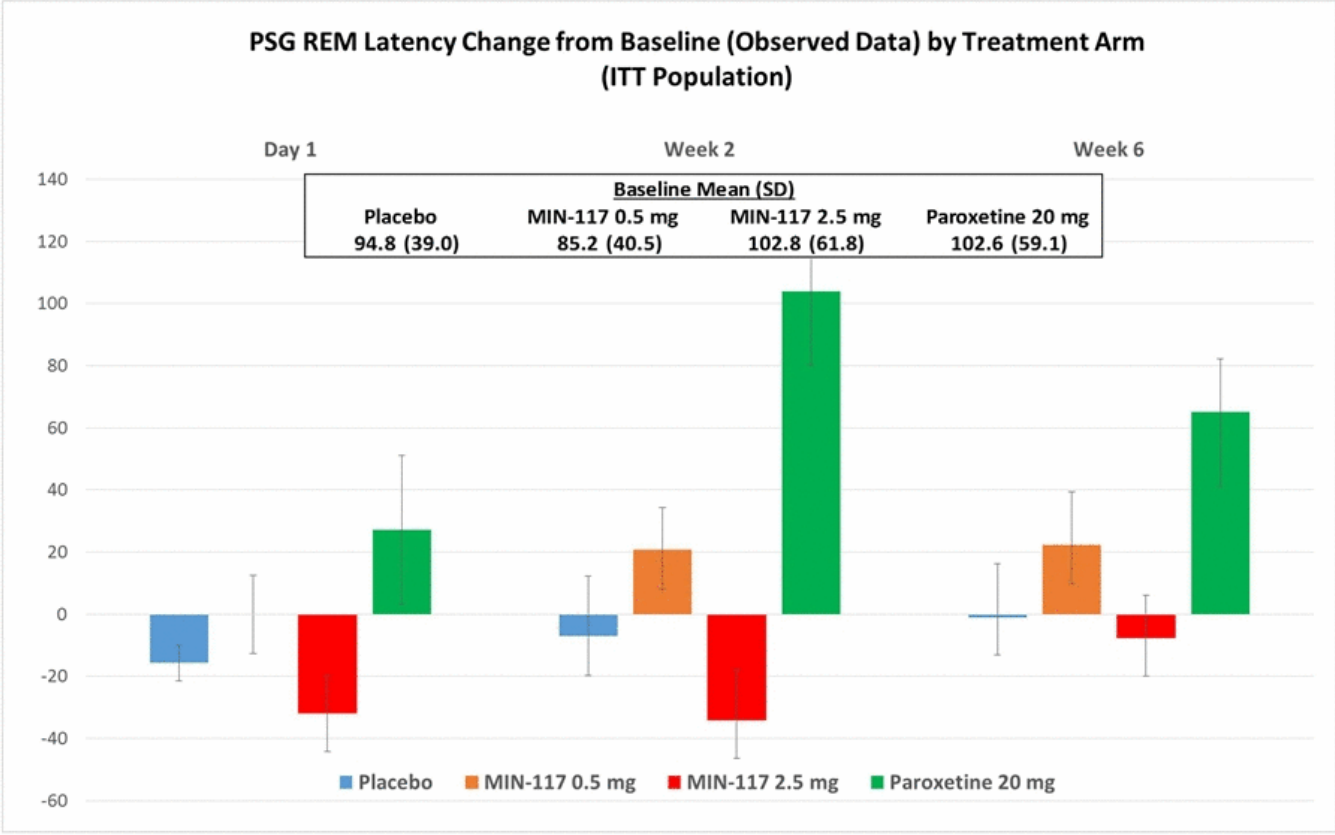
Efficacy: MADRS primary endpoint (PP Population)



Efficacy: HAM-A secondary endpoint



Sleep polysomnography: REM latency



Safety: Common Adverse Events

Common is defined as ≥ 4% for any treatment

System Organ Class Preferred Term	Placebo (N = 20)	MIN-117			Paroxetine 20 mg (N = 20)	Overall (N = 82)
		0.5 mg (N = 21)	2.5 mg (N = 21)	Total (N = 42)		
Subjects with Any Common TEAE	9 (45.0%)	11 (52.4%)	11 (52.4%)	22 (52.4%)	13 (65.0%)	44 (53.7%)
Nausea	1 (5.0%)	1 (4.8%)	3 (14.3%)	4 (9.5%)	3 (15.0%)	8 (9.8%)
Blood triglycerides increased	0 (0.0%)	3 (14.3%)	0 (0.0%)	3 (7.1%)	0 (0.0%)	3 (3.7%)
Dizziness	0 (0.0%)	2 (9.5%)	2 (9.5%)	4 (9.5%)	3 (15.0%)	7 (8.5%)

Note: 'Common TEAEs' are TEAEs that occurred > 4% of subjects in any treatment group

MIN-117 phase IIa study demonstrated:

- Efficacy on depressive symptoms
- Onset evident as early as 2 weeks
- Efficacy on anxiety symptoms
- Both doses of MIN-117 are well tolerated
- Pharmacodynamics
 - ✓ No impairment in cognition
 - ✓ No impairment in sexual function
 - ✓ Preservation of sleep architecture and continuity

MIN-117 in-licensed from Mitsubishi Tanabe Pharmaceutical Company (MTPC)

- Minerva: exclusive worldwide license includes rights to develop, commercialize and sub-license MIN-117 outside of certain Asian countries
- MTPC: retains rights to commercialize and sell MIN-117 in certain Asian countries including China, Japan, India and South Korea (MTPC Territory)
- Milestones upon launch and commercialization goals could total up to \$47.5 million payable
- Royalties payable on net sales range from high single digits to low teens

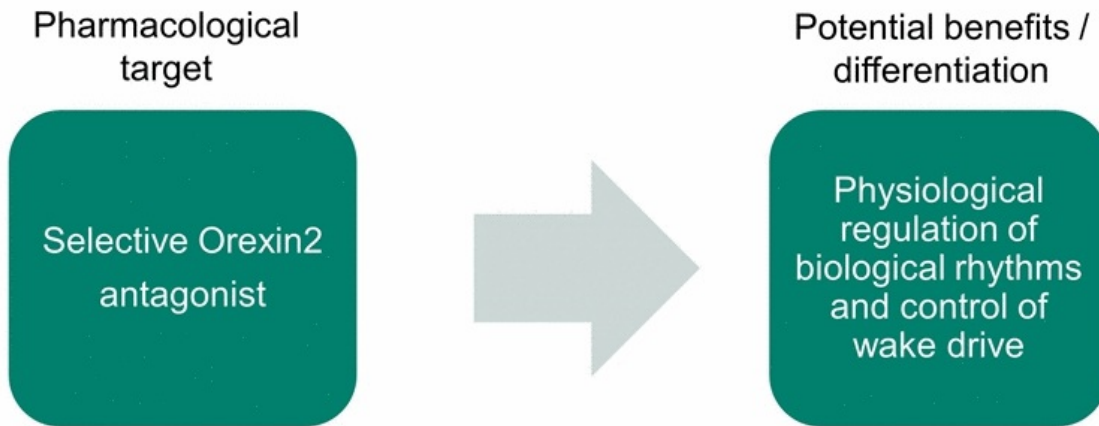
MIN-202 (JNJ-42847922)

Insomnia Disorder and Major Depressive Disorder (MDD)

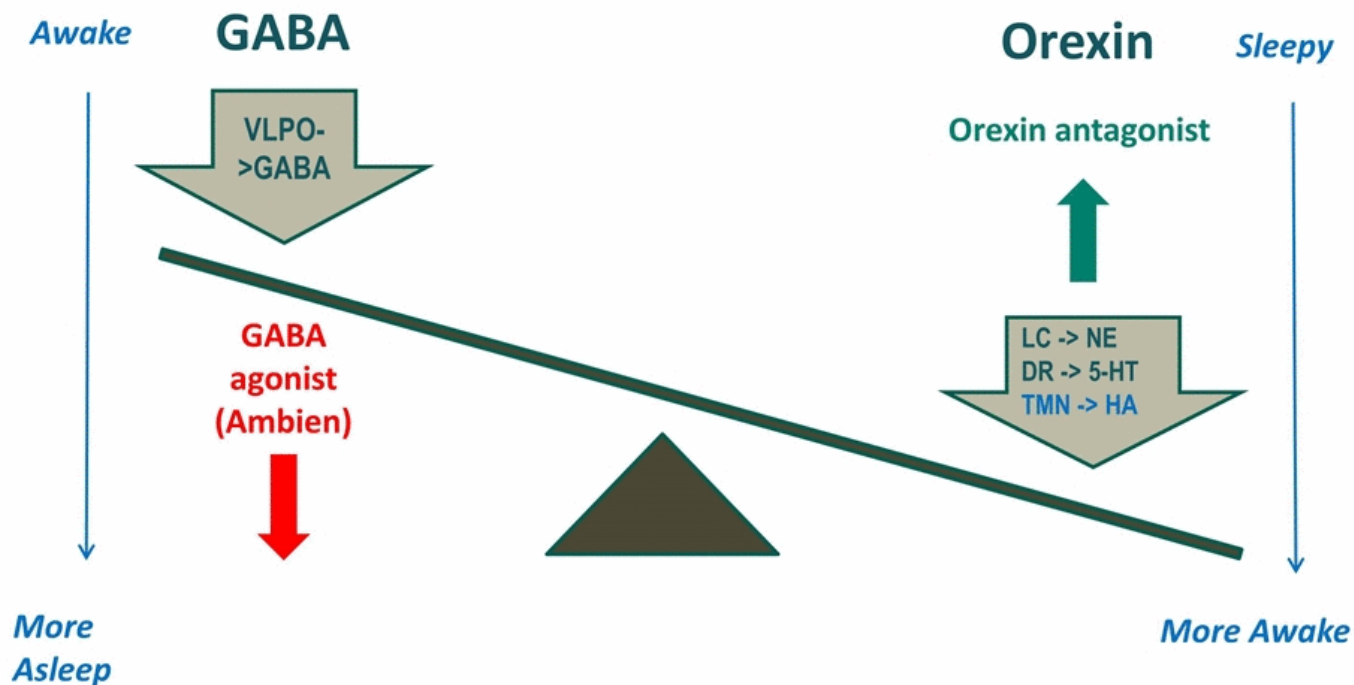
**A co-development & commercialization program with
Janssen**



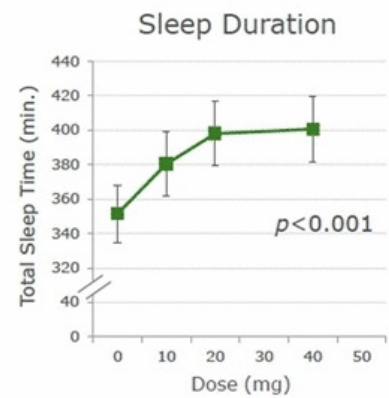
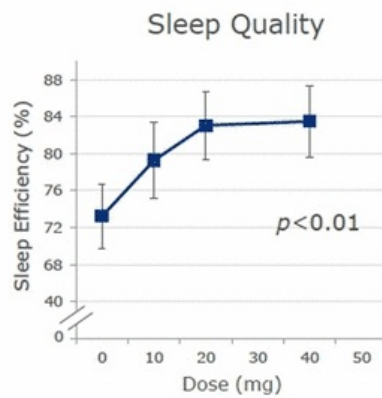
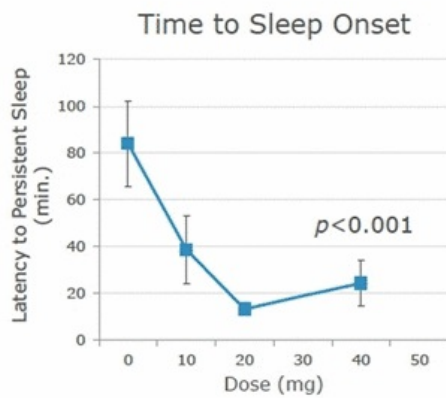
MIN-202: A specific Orexin-2 antagonist for insomnia and mood disorders



- GABA Agonist (Ambien) *increases drive to sleep*
- Orexin Antagonists *decreases drive to wake*



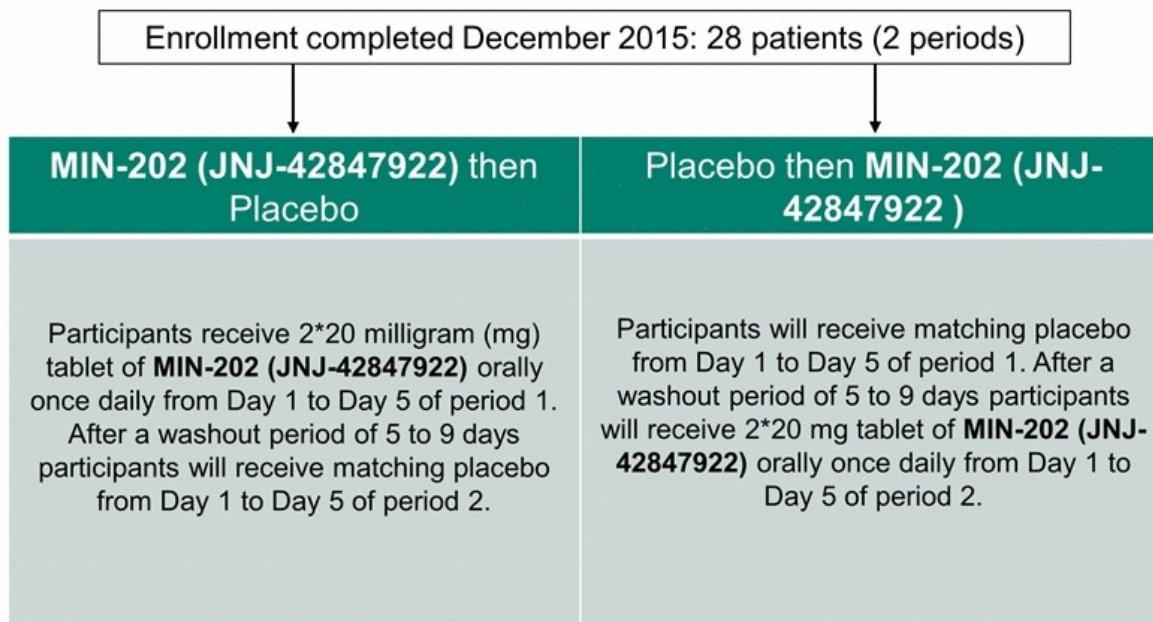
MIN-202: Exploratory study in patients with MDD and comorbid insomnia (n=20)



Reference: Internal data, study 42847922ED1002, disclosed by Minerva Neurosciences, Q1 2015.

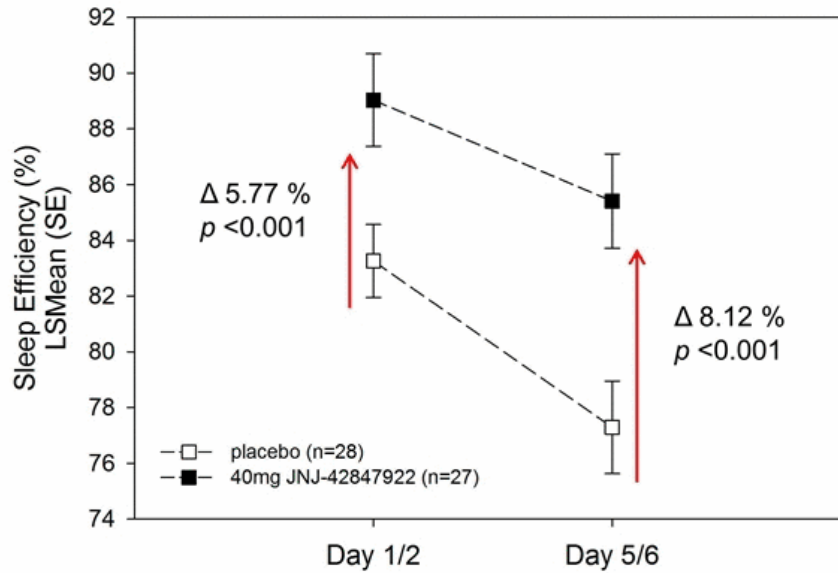
MIN-202 Phase IIa trial in Primary Insomnia ClinicalTrials.gov identifier: NCT02464046

A Randomized, Placebo-controlled, 2-way Crossover, Double-Blind Study to Evaluate the Efficacy, Safety and Tolerability of MIN-202 (JNJ-42847922) in Subjects With Insomnia Disorder Without Psychiatric Comorbidity



Phase IIa in primary insomnia: Primary endpoint Sleep efficiency on days 1/2 and 5/6

42847922ISM2002

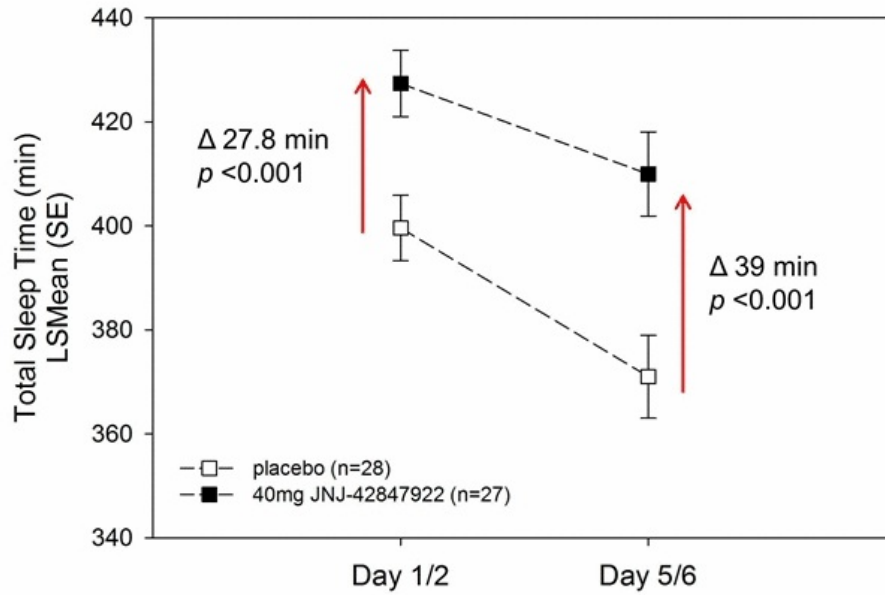


Sleep Efficiency = (Total Sleep Time/480) * 100%

PSG recording = 480 min

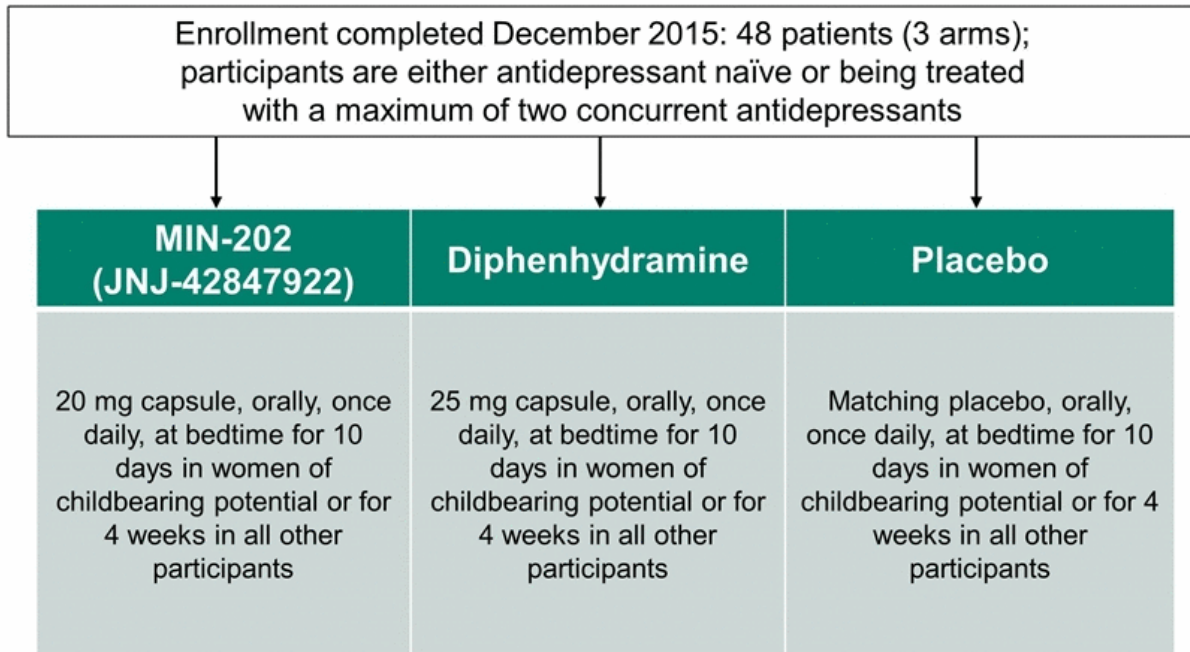
Phase IIa in primary insomnia: Total sleep time is observed to increase

42847922ISM2002



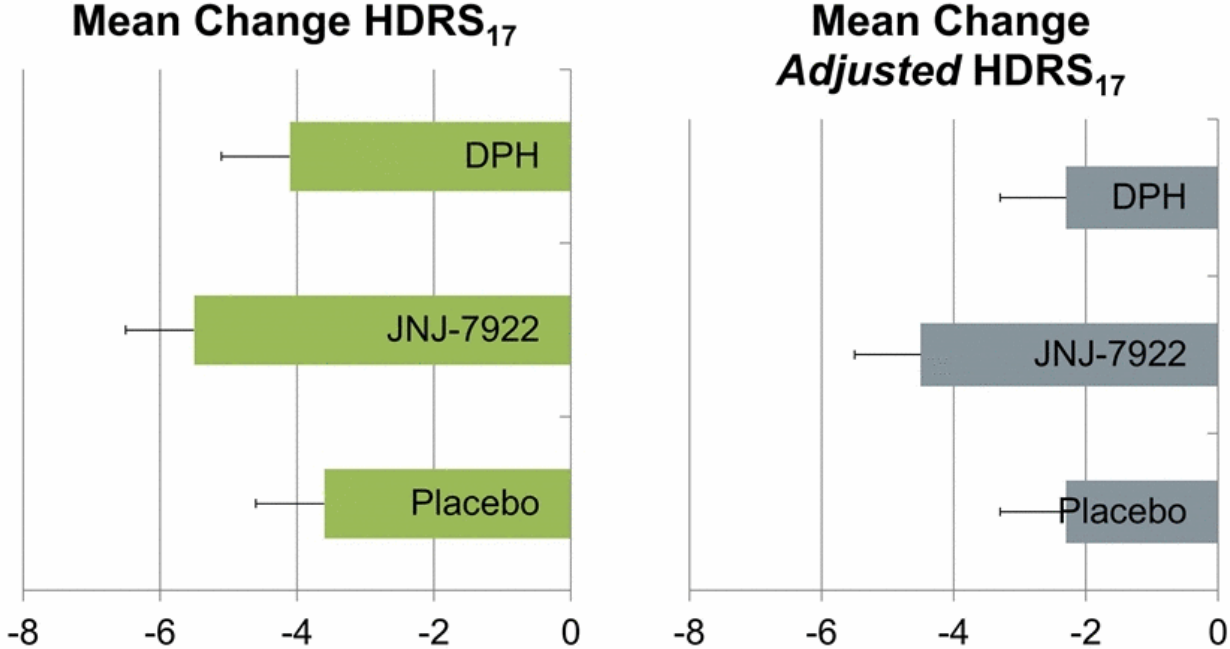
MIN-202 Phase Ib trial in MDD patients ClinicalTrials.gov identifier: NCT02476058

An Exploratory Multicenter, Double-Blind, Diphenhydramine- and Placebo-controlled Safety, Efficacy and Biomarker Study With MIN-202 (JNJ-42847922) in Subjects With Major Depressive Disorder



MIN-202: observed efficacy on depressive symptoms is independent of effects on sleep

DAY 11, N=47



HDRS₁₇ = Hamilton Depression Rating Scale
Adjusted HDRS₁₇ = Hamilton Depression Rating Scale with 3 sleep items removed

MIN-202: Co-development and license agreement with Janssen Pharmaceutica NV (Janssen)

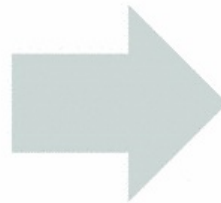
- **Minerva has commercialization rights for EU, Switzerland, Liechtenstein, Iceland & Norway (Minerva Territory) with rights to sub-license**
 - **Minerva pays quarterly high single digit % royalty to Janssen on Minerva Territory net sales**
- **Janssen has commercialization rights in all territories outside of the Minerva Territory**
 - **Janssen pays high single digit % royalty to Minerva on all sales outside of Minerva Territory**
- **Minerva contributes 40% of development cost subject to ceiling caps at various points in the clinical development plan**

MIN-301: Parkinson's Disease

MIN-301 for Parkinson's Disease

Pharmacological
target

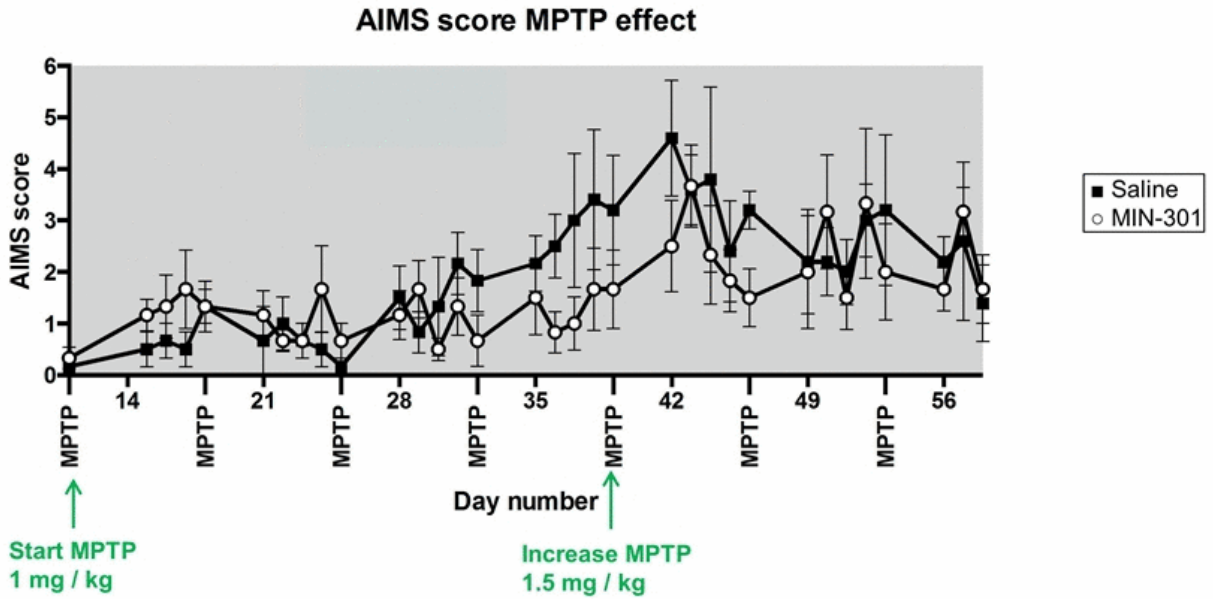
Neuregulin 1 β 1
activating ErbB4



Potential benefits /
differentiation

Cognitive
improvement and
neuroprotective /
neurorestorative
effects

Effect of treatment with MIN-301 analog on abnormal involuntary movements scale (AIMS) in non-human primates



- Clear MPTP-induced AIMS scores
- Clinical scores in animals treated with MIN-301 analog lower during low MPTP (< 4 mg/kg) induction protocol (not significant)

Financial Summary

- ~\$44.6 M cash balance (cash, cash equivalents and marketable securities) at 3/31/16
- ~\$17.5 million received from warrants exercised at \$5.772 in Q1 2016
- ~\$4.7 million received from warrants exercised at \$5.772 in Q2 2016
- \$1.0 million received from purchase of common stock at \$5.51/share by Company Director, David Kupfer, in March 2016
- Current resources estimated to fund operations into Q2 2017
- \$15M credit facility with Oxford and SVB entered into January 2015
 - \$10M drawn down at 12/31/15
 - 40,790 warrants issued with an exercise price of \$5.516 in connection with credit facility
- PIPE completed in March 2015, yielding \$31M in gross proceeds
 - 6.3 million shares sold at \$4.81/share
 - 6.3 million warrants issued with an exercise price of \$5.772 (~2.4 million warrants remain outstanding)
- ~27.9 million shares outstanding at 3/31/2016
- ~3.4M options outstanding 3/31/16

Expected and recently achieved milestones

Program	Primary Indication	Status
MIN-101	Schizophrenia	TLR May 2016
MIN-202	Primary and Comorbid (Secondary) Insomnia	Results for insomnia announced January 2016 Results for MDD announced March 2016
MIN-117	Major Depressive Disorder (MDD)	TLR May 2016
MIN-301	Parkinson's Disease	IND or IMPD, with Phase I expected to initiate thereafter



Thank You

Minerva Neurosciences, Inc.
1601 Trapelo Road, Suite 284, Waltham, MA 02451