FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO              | VAL       |
|---|------------------------|-----------|
|   | OMB Number:            | 3235-0287 |
| l | Estimated average burd | en        |
| l | 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).

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

| Name and Address of Reporting Person*                         |   |  |  |         |   |    | Issuer Name and Ticker or Trading Symbol                    |       |                                    |                               |                     |  |                 |  |                                       |   | 5. Relationship of Reporting Person(s) to Issuer  |   |                         |  |  |  |  |
|---|---|--|--|---------|---|----|---|-------|------------------------------------|-------------------------------|---------------------|--|-----------------|--|---------------------------------------|---|---|---|-------------------------|--|--|--|--|
| Russell Richard E.  |   |  |  |         |   |    | Minerva Neurosciences, Inc. [ NERV ]                        |       |                                    |                               |                     |  |                 |  |                                       | (Check all applicable) Director 10% (                       |   |   |                         |  |  |  |  |
|   |   |  |  |         |   |    |   |       |                                    |                               |                     |  |                 |  |                                       | Office  | er (give title  |   | Other (specify          |  |  |  |  |
| (Last)  | (Fi   |  | 3. Date of Earliest Transaction (Month/Day/Year)           |         |   |    |   |       |                                    |                               |                     | X  | belov           | w) below<br>President                          |                                       | below)  |   |   |                         |  |  |  |  |
| C/O MIN   | ERVA NE   | 12/  | 12/12/2019   |         |   |    |   |       |                                    |                               |                     |  |                 | Pres   | sidelit                               |   |   |   |                         |  |  |  |  |
| 1601 TRAPELO ROAD, SUITE 284                                  |   |  |  |         |   |    |   |       |                                    |                               |                     |  |                 |  |                                       |   |   |   |                         |  |  |  |  |
|   |   |  |  |         |   |    | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |       |                                    |                               |                     |  |                 |  |                                       | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |   |                         |  |  |  |  |
| (Street)  |   |  |  |         |   |    |   |       |                                    |                               |                     |  |                 | X Form filed by One Reporting Person           |                                       |   |   |   |                         |  |  |  |  |
| WALTHAM MA 02451  |   |  | )2451  |         |   |    |   |       |                                    |                               |                     |  |                 |  | Form filed by More than One Reporting |   |   |   |                         | orting   |  |  |  |
| (City)  | (City) (State) (Zip)  |  |  |         |   |    |   |       |                                    |                               |                     |  |                 |  | Pers                                  | on  |   |   |                         |  |  |  |  |
| (City)  | (31   | ale) (                                     | Ζιμ)   |         |   |    |   |       |                                    |                               |                     |  |                 |  |                                       |   |   |   |                         |  |  |  |  |
|   |   | Tabl                                       | e I - Nor  | 1-Deriv | ative                                   | Se | curitie   | s Acc | quired,                            | Dis                           | posed o             | f, or  | r Ben           | efici  | ally C                                | Owne  | ed  |   |                         |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |  |         | nth/Day/Year)                           |    | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |       | Code (                             | Transaction D Code (Instr. 5) |                     | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) |                 |  | 4 and Sec<br>Ber<br>Ow                |   | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |                         | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |  |  |  |
|   |   |  |  |         |   |    |   | v     | Amount                             |                               | (A) or<br>(D)       | Price  | . [             | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |                                       |   |   | (Instr. 4)  |                         |  |  |  |  |
| Common Stock 12/12/   |   |  |  |         |   |    |   |       | S <sup>(1)</sup>                   |                               | 3,113               | 3  | D               | \$7.42   |                                       | 42 33,770   |   | Г   |                         |  |  |  |  |
|   |   | Та   | ıble II - [  |         |   |    |   |       |                                    |                               | sed of,<br>onvertib |  |                 |  | y Ow                                  | ned   |   |   |                         |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year |         | 4.<br>Transaction<br>Code (Instr.<br>8) |    | of I  |       | 6. Date E<br>Expiratio<br>(Month/D | n Date                        |                     | Amount of  |                 | str. 3   |                                       | ivative<br>urity  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4  | n:<br>ct (D)<br>idirect | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |  |
|   |   |  |  |         | Code                                    | v  | (A)   | (D)   | Date<br>Exercisal                  |                               | Expiration<br>Date  | Title  | or<br>Nur<br>of | ount<br>nber<br>res                            |                                       |   |   |   |                         |  |  |  |  |

## **Explanation of Responses:**

1. Shares sold to satisfy withholding tax obligations upon the vesting of restricted stock grants.

## Remarks:

/s/ Ryan Sansom, Attorney-in-12/13/2019 **Fact** 

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.