Sage Therapeutics, Inc. Form 4 February 10, 2016

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

(Last)

(City)

1. Name and Address of Reporting Person *

Anderson Thomas

(First) (Middle)

C/O SAGE THERAPEUTICS. INC., 215 FIRST STREET

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

Sage Therapeutics, Inc. [SAGE]

3. Date of Earliest Transaction (Month/Day/Year)

02/08/2016

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

OMB

Number:

Expires:

response...

Estimated average

burden hours per

OMB APPROVAL

3235-0287

January 31,

2005

0.5

Director 10% Owner Other (specify Officer (give title below) below)

See Remarks

6. Individual or Joint/Group Filing(Check

Applicable 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

CAMBRIDGE, MA 02142

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) (Instr. 3)

(Zip)

Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

Code V Amount (D) Price

(A)

5. Amount of Securities Beneficially Owned Following Reported

Transaction(s) (Instr. 3 and 4)

6. Ownership Form: Direct (D) or Indirect Beneficial (I) (Instr. 4)

7. Nature of Indirect Ownership

(Instr. 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8 **Underlying Securities** (Instr. 3 and 4)

Edgar Filing: Sage Therapeutics, Inc. - Form 4

(Instr. 3)	Price of Derivative Security	(Mont	h/Day/Year) (I	Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
			C	Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 28.63	02/08/2016		A	22,500		<u>(1)</u>	02/08/2026	Common Stock	22,500

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Date

Anderson Thomas C/O SAGE THERAPEUTICS, INC.

215 FIRST STREET

See Remarks

CAMBRIDGE, MA 02142

Signatures

/s/ Erin Lanciani, as Attorney-in-Fact for Thomas

Anderson 02/10/2016

**Signature of Reporting Person

Explanation of Responses:

- * 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).

The securities awarded on 2/08/2016 were in the form of stock options issued pursuant to the Sage Therapeutics, Inc. 2014 Stock Option (1) and Incentive Plan. Options to purchase 5,625 shares of common stock shall vest on the one year anniversary of the Vesting Start Date with 16,875 shares vesting in 36 equal monthly installments thereafter.

Remarks:

Chief Commercial Strategy Officer

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2