Sage Therapeutics, Inc. Form 4
February 17, 2017

### FORM 4

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

OMB Number: 3235-0287

**OMB APPROVAL** 

Check this box if no longer subject to Section 16.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average burden hours per

0.5

response...

Form 4 or 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * PAUL STEVEN M			2. Issuer Name <b>and</b> Symbol	Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
			Sage Therapeutic	s, Inc. [SAGE]	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Tr	ansaction					
			(Month/Day/Year)		Director	109			
C/O SAGE	THERAPEU	TICS,	01/31/2017			itleOth	er (specify		
INC., 215 F	IRST STREE	ET			below)	below)			
	(Street)		4. If Amendment, Da	te Original	6. Individual or Joi	nt/Group Fili	ng(Check		
			Filed(Month/Day/Year	)	Applicable Line)				
					_X_ Form filed by O	1 0			
CAMBRIDO	GE, MA 021	42			Form filed by M Person	ore than One R	eporting		
(City)	(State)	(Zip)	Table I - Non-D	Perivative Securities Acq	uired, Disposed of,	or Beneficia	lly Owned		
1.Title of	2. Transaction	Date 2A. Deer	ned 3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature		

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transaction	4. Securities Acquired on(A) or Disposed of (D)	5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial
,		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned Following	` '	Ownership (Instr. 4)
				(A) or	Reported Transaction(s) (Instr. 3 and 4)	(IIISU: +)	(IIIsti. +)
			Code V	Amount (D) Price	(msu. 5 and 1)		
Common Stock	01/31/2017		J <u>(1)</u>	2,174 A \$ 3.15	690,851	D	

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

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 control number.

SEC 1474

(9-02)

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

#### Edgar Filing: Sage Therapeutics, Inc. - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)			ate	7. Title Amoun Under	int of lying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene
	Derivative Security				Securities Acquired			(Instr.	3 and 4)		Owne Follo
					(A) or Disposed						Repo Trans
					of (D) (Instr. 3, 4, and 5)						(Instr
					4, and 3)				Amount		
						Date Exercisable	Expiration Date	Title	or Number of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

PAUL STEVEN M C/O SAGE THERAPEUTICS, INC. 215 FIRST STREET CAMBRIDGE, MA 02142

## **Signatures**

/s/ Anne Marie Cook, as Attorney-in-Fact for Steven M. Paul

02/16/2017

\*\*Signature of Reporting Person

Date

### **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).
- (1) Reporting person did not directly purchase the shares. These shares were distributed to the reporting person as an investment in a private equity fund.

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