Edgar Filing: Sage Therapeutics, Inc. - Form 4

Sage Therapeutics, Inc. Form 4 September 01, 2015 FORM 4

if no longer

subject to

Section 16.

Form 4 or

Form 5

1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB Washington, D.C. 20549 Number: Check this box

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

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Kanes Stephen			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) (First) (Middle)			Sage Therapeutics, Inc. [SAGE] 3. Date of Earliest Transaction			
C/O SAGE THERAPEUTICS, INC., 215 FIRST STREET			(Month/Day/Year) 08/31/2015	Director 10% Owner Officer (give title Other (specify below) Chief Medical Officer		
(Street) CAMBRIDGE, MA 02142			4. If Amendment, Date Original Filed(Month/Day/Year)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 		
(City) (State) (Zip)			Table I - Non-Derivative Securities Ad	Person		

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative Securities Acc	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	Execution Date, if	3. Transactie Code	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially	6. Ownership Form: Direct	7. Nature of Indirect Beneficial
(Instr. 3)		any (Month/Day/Year)	(Instr. 8)		Owned Following Reported	(D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
			Code V	(A) or Amount (D) Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	08/31/2015		S	$\begin{array}{ccc} 12,000 & \\ \underline{(1)} & D & \begin{array}{c} 53.12 \\ \underline{(2)} \\ \end{array}$	31,948	D	

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)

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burden hours per

3235-0287

January 31,

2005

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1. Title Derivat Securit <u>i</u> (Instr. 3	ive Conversio y or Exercis	e	4. Transa Code (Instr.	 5. ctionNumber of 8) Derivati Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 	(Month/Day ve ss 1	Date	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code	V (A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Kanes Stephen C/O SAGE THERAPEUTI 215 FIRST STREET CAMBRIDGE, MA 02142	CS, INC.			Chief Medical Officer				
Signatures								
/s/ Stephen Kanes	09/01/20	15						
<u>**</u> Signature of	Date							

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 sales reported on this Form 4 were effected pursuant to a trading plan adopted pursuant to Rule 10b5-1 under the Securities Exchange (1)Act of 1934, as amended.
- This transaction was executed in multiple trades at prices ranging from \$53.00 USD to \$53.39 USD. The price reported above reflects the (2) weighted average sale price.

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.