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

Sage Therap	eutics, Inc.									
Form 4 June 25, 201	5									
	OMB APPROVAL									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287		
Check th if no lon subject to Section 2 Form 4 of Form 5 obligation may con See Instr	ger b 16. br Filed pursuant fine. Section 17(a) of t	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1940								
1(b).										
(Print or Type)	Responses)									
1. Name and A Kanes Stepl	Address of Reporting Person hen	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol Sage Therapeutics, Inc. [SAGE]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)	3. Date of Earliest	3. Date of Earliest Transaction				k all applicable)			
	THERAPEUTICS, TRST STREET	(Month/Day/Year) 06/24/2015	- · · · · · · · · · · · · · · · · · · ·				Director 10% Owner Officer (give title Other (specify below) below) Chief Medical Officer			
(Street) 4. If Amer Filed(Mon			Date Origina ar)	ıl		<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
CAMBRIDGE, MA 02142 Form filed by Mor Person							lore than One Re	porting		
(City)	(State) (Zip)	Table I - Non	-Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. 1 (Month/Day/Year) Exec any (Mon		n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Indirect (I)	Indirect Beneficial		
		Code	V Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock	06/24/2015	М	6,000	А	\$ 0.45	52,948	D			
Common Stock	06/24/2015	S	6,000 (1)	D	\$ 74.06 (2)	46,948	D			

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exer Expiration D (Month/Day,	ate	7. Title and J Underlying S (Instr. 3 and	Securities De	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 0.45	06/24/2015		М		6,000	(3)	07/23/2023	Common Stock	6,000	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Kanes Stephen C/O SAGE THERAPEUTICS, INC. 215 FIRST STREET CAMBRIDGE, MA 02142			Chief Medical Officer				

## Signatures

/s/ Stephen 06/24/2015 Kanes 06/24/2015 <u>\*\*</u>Signature of Date Date 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).
- (1) The sales reported on this Form 4 were effected pursuant to a trading plan adopted pursuant to Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.
- (2) This transaction was executed in multiple trades at prices ranging from \$74.00 USD to \$74.58 USD. The price reported above reflects the weighted average sale price.
- (3) 25% of this option vested on July 18, 2014, and the remainder vests in equal monthly installments thereafter over 36 months.

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.