Edgar Filing: Barrett Elizabeth - Form 4

Barrett Elizabe Form 4											
January 24, 20								OMB A	PPROVAL		
	UNITED		RITIES A	N OMB Number:	3235-0287						
Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations	MENT OF	ection	SECUI	Estimated burden hou response	Estimated average burden hours per response 0.5						
obligations may continu <i>See</i> Instruct 1(b).	le.			•	•	npany Act 19 Act of 1	of 1935 or Secti 940	on			
(Print or Type Res	sponses)										
1. Name and Address of Reporting Person <u>*</u> Barrett Elizabeth			Symbol	er Name an			5. Relationship of Reporting Person(s) to Issuer				
			U	herapeuti		SAGE	(Check all applicable)				
(Last) (First) (Middle) C/O SAGE THERAPEUTICS, INC., 215 FIRST STREET			3. Date of Earliest Transaction (Month/Day/Year) 01/22/2019				Director 10% Owner Officer (give title Other (specify below)				
(Street)			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 				
CAMBRIDGE	E, MA 02142						Person	wore than one k	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	Transaction Date Ionth/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	(Instr. 5 and 4)				
Reminder: Report	t on a separate line	e for each cla	ass of sec	urities bene	-	-	-				
					inforn requir	nation cont ed to response lys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

(Instr. 3)	Price of Derivative Security	(Month/Day/Year) e		(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to buy)	\$ 137.29	01/22/2019		A		20,000		<u>(1)</u>	01/22/2029	Common Stock	20,000

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other Barrett Elizabeth C/O SAGE THERAPEUTICS, INC. **215 FIRST STREET** CAMBRIDGE, MA 02142 Signatures /s/ Jennifer Fitzpatrick, as Attorney-in-Fact for Elizabeth Barrett 01/24/2019 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). **

All of the shares subject to the option vest in equal monthly installments during the 36 months following January 22, 2019 (the "Grant (1) Date"), such that 100% of the shares subject to the option will be fully vested and exercisable on the third anniversary of the Grant Date, subject to the reporting person's continued service as a director of the issuer through such date.

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.