## Edgar Filing: IGUCHI KIMI - Form 4

IGUCHI K Form 4	IMI									
Form 4 February 1:	5, 2019									
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FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549							COMMISSIO	N OMB Number:	3235-0287	
Check t if no lo subject Section Form 4	MENT OI		SECUI	Estimated burden hou response	urs per					
Form 5 obligati may co <i>See</i> Inst 1(b).	ntinue. Section 17(	(a) of the I	Public U	tility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 940			
(Print or Type	e Responses)									
1. Name and IGUCHI K	Address of Reporting	Person <sup>*</sup>	Symbol	er Name <b>an</b> herapeuti		-	5. Relationship Issuer			
(Last)	(First) (	Middle)	3. Date of Earliest Transaction				(Check all applicable)			
C/O SAGE THERAPEUTICS, INC., 215 FIRST STREET			(Month/Day/Year) 02/13/2019			Director       10% Owner         Officer (give title       Other (specify below)         below)       below)         CFO & Treasurer				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
	DGE, MA 02142						Person		1 0	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	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)	
Domindan D	nort on a sense to live	for each -1	one of car-	urition have	ficially	nad directly	or indirectly			
Keminder: Ko	eport on a separate line	e for each cl	ass of sec	unties bene	Perso inform requir	ns who res nation cont red to resp ays a curre	or indirectly. spond to the collectained in this form ond unless the fo ntly valid OMB co	n are not rm	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
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(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 Option (Right to Buy)	\$ 157.63	02/13/2019		А	19,000	<u>(1)</u>	02/13/2029	Common Stock	19,000
Reporting Owners									

Reporting Owner Name / Address	Relationships						
Reporting O when Funder / Funderso	Director	10% Owner	Officer	Other			
IGUCHI KIMI C/O SAGE THERAPEUTICS, INC. 215 FIRST STREET CAMBRIDGE, MA 02142			CFO & Treasurer				
Signatures							
/s/ Jennifer Fitzpatrick, as Attorney-in Iguchi	n-Fact for	Kimi	02/15/2019				
**Signature of Reporting Perso	n		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).

The securities awarded on February 13, 2019 were in the form of stock options issued pursuant to the Sage Therapeutics, Inc. 2014 Stock
 (1) Option and Incentive Plan. Options to purchase 4,750 shares of common stock shall vest on the one year anniversary of February 13, 2019, with 14,250 shares vesting in 36 equal monthly installments thereafter.

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.

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