Edgar Filing: Sage Therapeutics, Inc. - Form 4

Sage Therap Form 4 May 05, 201												
FORM	14								OMB AF	PROVAL		
Washington, D.C. 20549						OMB Number:	3235-0287					
Check this box if no longer subject to Section 16. Form 4 or				IGES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Expires: January 31, 2005 Estimated average burden hours per response 0.5			
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. See Instruction 1(b). 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												
(Print or Type Responses)												
PAUL STEVEN M Symbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Sage T			C	Therapeutics, Inc. [BFAM]				(Check all applicable)				
(Month/			3. Date of (Month/Da 05/01/20	-				X_ Director 10% Owner Officer (give title Other (specify below) below)				
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Person					
CAMBRDIGE, MA 02142 Form filed by More than One Reporting Person												
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Executio any	1		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)					
Common Stock	05/01/2015			S <u>(1)</u>	20,000	D	\$ 53.31 (2)	763,650	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.

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

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

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	The	of		
				Code V	(A) (D)				Shares		
				0000	(, (D)				5111105		

Reporting Owners

P.

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M

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
PAUL STEVEN M C/O SAGE THERAPEUTICS, INC. 215 FIRST STREET CAMBRDIGE, MA 02142	Х							
Signatures								
/s/ Laurie Burlingame, as Attorney-in M. Paul	E THERAPEUTICS, INC. X I STREET DIGE, MA 02142							
**Signature of Reporting Per		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 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 \$53.95 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.