6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Form filed by More than One

Person

Reporting Person

Minerva Neurosciences, Inc. Form 3 November 03, 2015 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Kupfer David			2. Date of Event RequiringStatement(Month/Day/Year)	 ^g 3. Issuer Name and Ticker or Trading Symbol Minerva Neurosciences, Inc. [NERV] 			
(Last)	(First)	(Middle)	11/02/2015	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O MINERVA NEUROSCIENCES, INC.,, 1601 TRAPELO ROAD, SUITE 284			(Check all applicable)				
			X_ Director 10% Owne Officer Other	r			

(Street)

WALTHAM, MAÂ 02451

(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned					
1.Title of Securi (Instr. 4)	ty		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Sto	ck		0	D	Â			

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

SEC 1473 (7-02)

(give title below) (specify below)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security 2. Date Exercisable and 3	5. The and Amount of	4.	5.	6. Nature of Indirect
		Conversion or Exercise	- · · · · ·	Beneficial Ownership (Instr. 5)

OMB APPROVAL

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5 Edgar Filing: Minerva Neurosciences, Inc. - Form 3

			(Instr. 4)		Price of	Derivative
Da Ex	ate aercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships				
For and a man a man a man	Director	10% Owner	Officer	Other		
Kupfer David C/O MINERVA NEUROSCIENCE 1601 TRAPELO ROAD, SUITE 28 WALTHAM, MA 02451		ÂX	Â	Â	Â	
Signatures						
/s/Mark Levine, Attorney-in-Fact	11/03/20	15				
**Signature of Reporting Person	Date					
Explanation of Responses:						

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

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.