FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

4 Na	al A alaba	-f D				2 19	suer N	Jame a	nd Ticl	ker or Ti	rading	Symbol			5 P	elationshi	n of Reportin	n Person(s) to I	SSLIAR	
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Sage Therapeutics, Inc. [SAGE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
IGUCHI KIMI							Sage increpentates, incr									Dire		10% (
			2 Date of Favlingt Transportion (Month/Day/Mont)									C Office below	er (give title w)	Other below	(specify)					
(Last)	`	=irst)	`	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/17/2016									CF	FO, Secretary and Treasurer		rer	
C/O SAGE THERAPEUTICS, INC.																				
215 FIRST STREET																				
						. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)	IDCE N	ЛA	0	2142												X Form filed by One Reporting Person				
CAMBR	IDGE I	/IA	U	2142												Form filed by More than One Reporting				
(City)	,	Ctoto)		7in)												Pers	son			
(City)	(State)	(4	Zip)																
			Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	d, Dis	sposed o	f, or I	3ene	eficiall	y Own	ed			
1. Title of S	ecurity (In	str. 3)			2. Transac	ction					3. 4. Securities Acquired (A) o							6. Ownership	7. Nature	
					Date (Month/Da	ay/Year)	Execution Da /Year) if any			on Date, Transac Code (Ir				4 and 5)	Benef	icially (E	Form: Direct (D) or Indirect	of Indirect Beneficial		
							(Month/Day/Yea			8)		ļ			- Repor	ted	(I) (Instr. 4)	Ownership (Instr. 4)		
		Code	v	Amount	(A) ((D)	or P				rice		action(s) 3 and 4)								
Common Stock 11/17/2							2016			S ⁽¹⁾		4,000	D	\$	51.77 ⁽²	²⁾ 75,739		D		
			Та	ble II -								osed of, convertib				Owned				
1 Title of	2.	2 Trans		3A. Deei				Т					1		-	Price of	9. Number o	of 10.	11. Nature	
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	n Date	3. Transaction Date (Month/Day/Year)	Execution if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)		Di Si (li	Price of erivative ecurity istr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	nber					

Explanation of Responses:

- 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 \$51.63 USD to \$51.83 USD; the price reported above reflects the weighted average sale price.

Remarks:

/s/ Anne Marie Cook, as Attorney-in-Fact for Kimi

11/18/2016

<u>Iguchi</u>

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.