FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| J. , | OMB APPRO |)VAL |
|--|-------------------------|----------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 |
| | Estimated average burde | on |

hours per response:

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

| | tion 1(b). | iue. See | | Filed | | | | | a) of the Sec Investment | | | | | 34 | | nours | per res | sponse: | 0.5 |
|--|---|---|-----------------------|---|---|-------------|-----------|--------------|---|---|---|--------|---|--|---|-----------------------------------|---|--|-----|
| 1. Name and Address of Reporting Person [*] IGUCHI KIMI | | | | 2. Issuer Name and Ticker or Trading Symbol Sage Therapeutics, Inc. [SAGE] | | | | | | | | | (Che | eck all applic Directo | able) | g Pers | son(s) to Issu 10% Ow Other (s | /ner | |
| (Last) (First) (Middle) C/O SAGE THERAPEUTICS, INC. 215 FIRST STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/08/2016 | | | | | | | | | X Officer (give title Officer (spect below) below) CFO, Secretary and Treasurer | | | | | |
| (Street) | IDGE M | Ā | 02142 | | 4. 11 | f Amei | ndment, [| Date (| of Original F | iled | (Month/Da | ay/Yea | ar) | Line |) <mark>X</mark> Form fi | led by One led by Mor | e Repo | (Check Apporting Person | ۱ |
| (City) | (S | | (Zip) ole I - Non- | Doriv | ative | | curitios | · ^c | ouired l | Dier | nosed o | of or | · Bene | aficiall | v Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution I | | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) Amount (A) or (D) P | | | 5. Amour Securitie Beneficia Owned F Reported Transacti (Instr. 3 a | es Form ally (D) o following (I) (Ir d ion(s) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | • | Table II - D (e | | | | | | uired, Di s, option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) if any Code (Month/Day/Year) 8) | | | ransa ode (I | nsaction of | | | 6. Date Exc Expiration (Month/Day | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e S Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | ode | v | (A) | (D) | Date Exercisabl | | expiration Pate | Title | N O | Amount or Jumber of Shares | | | | | |

Explanation of Responses:

\$38.25

1. The securities awarded on 1/23/2015 were in the form of stock options issued pursuant to the Sage Therapeutics, Inc. 2014 Stock Option and Incentive Plan. Options to purchase 5,000 shares of common stock vested on the one year anniversary of the Vesting Start Date with 15,000 shares vesting in 36 equal monthly installments thereafter. Options to purchase 48,000 shares of common stock vest periodically over four years from the grant date upon the company reaching certain milestone requirements, of which the performance criteria were met with the respect of 14,400 shares.

12/08/2016

Remarks:

Stock Option

Buy)

(Right to

/s/ Anne Marie Cook, as Attorney-in-Fact for Kimi <u>Iguchi</u>

14,400

\$0.00

Common

Stock

01/23/2025

12/14/2016

68,000⁽¹⁾

D

** 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).

12/08/2016

** 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.

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