FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
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- 1										

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

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

1. Name and Address of Reporting Person* Robichaud Albert (Last) (First) (Middle) C/O SAGE THERAPEUTICS, INC. 215 FIRST STREET (Street) CAMBRIDGE MA 02142 (City) (State) (Zip)							Issuer Name and Ticker or Trading Symbol Sage Therapeutics, Inc. [SAGE] Date of Earliest Transaction (Month/Day/Year) 06/01/2015 4. If Amendment, Date of Original Filed (Month/Day/Year)								Relationship of Reporting Person(s) to Issuer neck all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Scientific Officer Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															7. Nature			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution Date,				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficia Owned F		ities ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price			rted action(s) 3 and 4)		(Instr. 4)
Common Stock 06/01/201							5		S ⁽¹⁾		4,945	D	\$73.89	935 ⁽²⁾	2	21,277	D	
Common Stock 06/01/201						.5		S ⁽¹⁾		5,624	D	\$72.93	341 ⁽³⁾	2	15,653	D		
Common Stock 06/01/201						.5		S ⁽¹⁾		5,231	D	\$71.67	1.6706(4)		10,422	D		
Common Stock 06/01/201						.5		S ⁽¹⁾		200	D	\$71.2	05 ⁽⁵⁾	210,222		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)	4. Transa Code 8)	(Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		Deriv Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

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 \$73.42 USD to \$74.42 USD. The price reported above reflects the weighted average sale price.
- 3. This transaction was executed in multiple trades at prices ranging from \$72.47 USD to \$73.40 USD. The price reported above reflects the weighted average sale price.
- $4. This transaction was executed in multiple trades at prices ranging from \$71.28 \ USD \ to \$72.24 \ USD. The price reported above reflects the weighted average sale price.$
- 5. This transaction was executed in multiple trades at prices ranging from \$71.20 USD to \$71.21 USD. The price reported above reflects the weighted average sale price.

Remarks:

/s/ Laurie Burlingame, as Attorney-in-Fact for Albert Robichaud

06/02/2015

** 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.