FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
Estimated average burden							
hours per response:	0.5						

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*  Cook Anne Marie  (Month/Day/Year)  09/16/2015			3. Issuer Name <b>and</b> Ticker or Trading Symbol Sage Therapeutics, Inc. [ SAGE ]							
(Last) (First) (Middle) C/O SAGE THERAPEUTICS, INC.			4. Relationship of Reporting Perso (Check all applicable) Director	n(s) to Issuer 10% Owner	(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)				
215 FIRST STREET			X Officer (give title below)	Other (spec below)	, Lo. III	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) CAMBRIDGE MA 02142			General Couns	sel	<b>X</b>		y One Reporting Person y More than One erson			
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)		eneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock		0.00	D							
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Day/ (Month/Day/	ate	3. Title and Amount of Securit Underlying Derivative Securit	y (Instr. 4)	4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title	Amount	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

/s/ Erin Lanciani, Attorney-in-Fact for Anne Marie Cook 09/17/2015

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.

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.

I hereby authorize Kimi Iguchi(Chief Financial Officer), Erin Lanciani (Vice President, Human Resources), Kelly Linehan (Associate Director, Business Operations), Mark Doucette (Senior Director, Accounting and Tax) or Brian Kiraly (Senior Director/Controller) or their successors in role or any of them acting as them acting as agent and attorney-in-fact, with full power of substitution, to:

- (1) prepare and sign on my behalf any Form 3, Form 4 or Form 5 pursuant to Section 16 of the Securities Exchange Act of 1934, as amended, and file the same with the Securities Exchange Commission, NYSE, and each stock exchange on which Sage Therapeutics, Inc.'s common stock or other securities are listed, as required by law;
- (2) prepare and sign on my behalf any Form 144 pursuant to the Securities Act of 1933, as amended, and file the same with the Securities Exchange Commission, NYSE, and each stock exchange on which Sage Therapeutics, Inc.'s common stock or other securities are listed, as required by law; and
- (3) do anything else necessary or proper in connection with the foregoing.

This Power of Attorney shall remain in effect as long as I am an affiliate of Sage Therapeutics, Inc. and shall not be affected by my subsequent disability or incompetence.

Date: Septermber 16, 2015

Anne Marie Cook SVP/General Counsel