

The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB 3235-
Number: 0076

Estimated average
burden

hours per
response: 4.00

1. Issuer's Identity

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| CIK (Filer ID Number) 0001597553 | Previous Names X None | Entity Type X Corporation Limited Partnership Limited Liability Company General Partnership Business Trust Other (Specify) |
| Name of Issuer Sage Therapeutics, Inc. | | |
| Jurisdiction of Incorporation/Organization DELAWARE | | |
| Year of Incorporation/Organization X Over Five Years Ago Within Last Five Years (Specify Year) Yet to Be Formed | | |

2. Principal Place of Business and Contact Information

| | | | |
|--------------------------------------------------|------------------------------------------------|--------------------------------|-----------------------------------------------|
| Name of Issuer Sage Therapeutics, Inc. | | | |
| Street Address 1 215 FIRST STREET | | Street Address 2 | |
| City CAMBRIDGE | State/Province/Country MASSACHUSETTS | ZIP/PostalCode 02142 | Phone Number of Issuer 617-299-8380 |

3. Related Persons

| | | |
|--------------------------------------------------------------|------------------------------------------------|--------------------------------|
| Last Name Greene | First Name Barry | Middle Name |
| Street Address 1 215 First Street | Street Address 2 | |
| City Cambridge | State/Province/Country MASSACHUSETTS | ZIP/PostalCode 02142 |
| Relationship: X Executive Officer X Director Promoter | | |

Clarification of Response (if Necessary):

| | | |
|------------------------------------------------------------|------------------------------------------------|--------------------------------|
| Last Name Iguchi | First Name Kimi | Middle Name |
| Street Address 1 215 First Street | Street Address 2 | |
| City Cambridge | State/Province/Country MASSACHUSETTS | ZIP/PostalCode 02142 |
| Relationship: X Executive Officer Director Promoter | | |

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|------------------------------------------|------------------------|----------------|
| Cloonan | Michael | |
| Street Address 1 | Street Address 2 | |
| 215 First Street | | |
| City | State/Province/Country | ZIP/PostalCode |
| Cambridge | MASSACHUSETTS | 02142 |
| Relationship: X Executive Officer | Director | Promoter |

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|------------------------------------------|------------------------|----------------|
| Cook | Anne Marie | |
| Street Address 1 | Street Address 2 | |
| 215 First Street | | |
| City | State/Province/Country | ZIP/PostalCode |
| Cambridge | MASSACHUSETTS | 02142 |
| Relationship: X Executive Officer | Director | Promoter |

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|------------------------------------------|------------------------|----------------|
| Kanes | Stephen | J. |
| Street Address 1 | Street Address 2 | |
| 215 First Street | | |
| City | State/Province/Country | ZIP/PostalCode |
| Cambridge | MASSACHUSETTS | 02142 |
| Relationship: X Executive Officer | Director | Promoter |

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|------------------------------------------|------------------------|----------------|
| Robichaud | Albert | J. |
| Street Address 1 | Street Address 2 | |
| 215 First Street | | |
| City | State/Province/Country | ZIP/PostalCode |
| Cambridge | MASSACHUSETTS | 02142 |
| Relationship: X Executive Officer | Director | Promoter |

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|------------------------------------------|------------------------|----------------|
| Cola | Michael | F. |
| Street Address 1 | Street Address 2 | |
| 215 First Street | | |
| City | State/Province/Country | ZIP/PostalCode |
| Cambridge | MASSACHUSETTS | 02142 |
| Relationship: Executive Officer X | Director | Promoter |

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|------------------|------------------------|----------------|
| Barrett | Elizabeth | |
| Street Address 1 | Street Address 2 | |
| 215 First Street | | |
| City | State/Province/Country | ZIP/PostalCode |
| Cambridge | MASSACHUSETTS | 02142 |

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|------------------|------------------------|----------------|
| Frates | James | F. |
| Street Address 1 | Street Address 2 | |
| 215 First Street | | |
| City | State/Province/Country | ZIP/PostalCode |
| Cambridge | MASSACHUSETTS | 02142 |

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|------------------|------------------------|----------------|
| Germano | Geno | |
| Street Address 1 | Street Address 2 | |
| 215 First Street | | |
| City | State/Province/Country | ZIP/PostalCode |
| Cambridge | MASSACHUSETTS | 02142 |

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|------------------|------------------------|----------------|
| Golumbeski | George | |
| Street Address 1 | Street Address 2 | |
| 215 First Street | | |
| City | State/Province/Country | ZIP/PostalCode |
| Cambridge | MASSACHUSETTS | 02142 |

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|------------------|------------------------|----------------|
| Paul | Steven | |
| Street Address 1 | Street Address 2 | |
| 215 First Street | | |
| City | State/Province/Country | ZIP/PostalCode |
| Cambridge | MASSACHUSETTS | 02142 |

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|------------------|------------------------|----------------|
| Starr | Kevin | P. |
| Street Address 1 | Street Address 2 | |
| 215 First Street | | |
| City | State/Province/Country | ZIP/PostalCode |
| Cambridge | MASSACHUSETTS | 02142 |

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|-----------|------------|-------------|
| Jonas | Jeffrey | M. |

Street Address 1

215 First Street

Street Address 2

City

Cambridge

State/Province/Country

MASSACHUSETTS

ZIP/PostalCode

02142

Relationship: X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

| | | |
|---------------------------------------------------------------------------------------------|------------------------|---------------------------|
| Agriculture | Health Care | Retailing |
| Banking & Financial Services | Biotechnology | Restaurants |
| Commercial Banking | Health Insurance | Technology |
| Insurance | Hospitals & Physicians | Computers |
| Investing | X Pharmaceuticals | Telecommunications |
| Investment Banking | Other Health Care | Other Technology |
| Pooled Investment Fund | Manufacturing | Travel |
| Is the issuer registered as an investment company under the Investment Company Act of 1940? | Real Estate | Airlines & Airports |
| Yes No | Commercial | Lodging & Conventions |
| Other Banking & Financial Services | Construction | Tourism & Travel Services |
| Business Services | REITS & Finance | Other Travel |
| Energy | Residential | Other |
| Coal Mining | Other Real Estate | |
| Electric Utilities | | |
| Energy Conservation | | |
| Environmental Services | | |
| Oil & Gas | | |
| Other Energy | | |

5. Issuer Size

| Revenue Range | OR | Aggregate Net Asset Value Range |
|------------------------------|-----------|----------------------------------------|
| No Revenues | | No Aggregate Net Asset Value |
| \$1 - \$1,000,000 | | \$1 - \$5,000,000 |
| \$1,000,001 - \$5,000,000 | | \$5,000,001 - \$25,000,000 |
| \$5,000,001 - \$25,000,000 | | \$25,000,001 - \$50,000,000 |
| \$25,000,001 - \$100,000,000 | | \$50,000,001 - \$100,000,000 |
| Over \$100,000,000 | | Over \$100,000,000 |
| X Decline to Disclose | | Decline to Disclose |
| Not Applicable | | Not Applicable |

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

| | |
|-----------------------------------------|-------------------------------------|
| Rule 504(b)(1) (not (i), (ii) or (iii)) | Investment Company Act Section 3(c) |
| Rule 504 (b)(1)(i) | Section 3(c)(1) Section 3(c)(9) |
| Rule 504 (b)(1)(ii) | Section 3(c)(2) Section 3(c)(10) |
| Rule 504 (b)(1)(iii) | Section 3(c)(3) Section 3(c)(11) |
| X Rule 506(b) | Section 3(c)(4) Section 3(c)(12) |
| Rule 506(c) | Section 3(c)(5) Section 3(c)(13) |
| Securities Act Section 4(a)(5) | |

7. Type of Filing

New Notice Date of First Sale 2020-12-31 First Sale Yet to Occur
Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes No

9. Type(s) of Securities Offered (select all that apply)

| | |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Equity | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt | <input type="checkbox"/> Tenant-in-Common Securities |
| <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security | <input type="checkbox"/> Mineral Property Securities |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (describe) |

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

| | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Recipient | Recipient CRD Number <input checked="" type="checkbox"/> None |
| (Associated) Broker or Dealer <input checked="" type="checkbox"/> None | (Associated) Broker or Dealer CRD Number <input checked="" type="checkbox"/> None |

Street Address 1**Street Address 2**

| | | |
|------|------------------------|-----------------|
| City | State/Province/Country | ZIP/Postal Code |
|------|------------------------|-----------------|

State(s) of Solicitation (select all that apply)
Check "All States" or check individual States All States Foreign/non-US

13. Offering and Sales Amounts

| | |
|----------------------------|---------------------------------|
| Total Offering Amount | \$649,986,998 USD or Indefinite |
| Total Amount Sold | \$649,986,998 USD |
| Total Remaining to be Sold | \$0 USD or Indefinite |

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

| |
|---|
| 1 |
|---|

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD Estimate

Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

| Issuer | Signature | Name of Signer | Title | Date |
|-------------------------|--------------------------|----------------------|-----------------------------------|------------|
| Sage Therapeutics, Inc. | /s/ Jennifer Fitzpatrick | Jennifer Fitzpatrick | Vice President, Corporate Counsel | 2021-01-15 |

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.