FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Filed pursuant to Section 16(a) of the Securities Eychange Act of 1934

Instruct	ion 1(b).			Filed							ies Excnan npany Act			34			<u> </u>			
					2. Issuer Name and Ticker or Trading Symbol Sage Therapeutics, Inc. [ SAGE ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner							
(Last) (First) (Middle) C/O THIRD ROCK VENTURES, LLC 29 NEWBURY STREET, 3RD FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 11/12/2015								Officer (give title Other (specify below) below)							
(Street) BOSTON MA 02116				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person								
(City)	(St		Zip)	n Dorive		<u> </u>	iti		الممانيين	Die			. Don	ofici	ally Ou		. al			
1. Title of S	Security (Inst		e i - No	2. Transa Date (Month/Da	ction	2 E r) i	2A. Deen Execution f any Month/D	ned n Date,	3. Trans Code		4. Securit Disposed 5)	ties A	cquired	(A) or	nd Se Be	Amo curi nefi	ount of ties cially I Following	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount		(A) or (D)	Pric	_ Tra		ted action(s) 3 and 4)			(Instr. 4)
Common	Stock			11/12/	2015				J <sup>(1)</sup>		1,700,0	000	D	\$	50	4,7	42,916		D <sup>(2)</sup>	
Common Stock			11/12/	2/2015				J <sup>(3)</sup>		109,83	32	A	\$	0 10		09,832		D <sup>(4)</sup>		
Common	Stock			11/12/	2015				J <sup>(5)</sup>		109,83	32	D	\$	50		0		D <sup>(4)</sup>	
Common	Stock			11/12/	2015				J <sup>(6)</sup>		15,98	6	A	\$	80	6	5,226		D	
Common	Stock			11/12/	2015				J <sup>(7)</sup>		15,98	86	A	\$	SO 0	6	5,227		D	
		Та									sed of, onvertib					ed				
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction 3A. Deem		ned 4. Transaction Code (Inst		ction	5. Number on of		6. Date l	6. Date Exercis Expiration Date (Month/Day/Yea		7. T Am Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5)	ve	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)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	ount mber ares						
1. Name and Address of Reporting Person*  Third Rock Ventures II, L.P.																				
(Last) (First) (Middle) C/O THIRD ROCK VENTURES, LLC 29 NEWBURY STREET, 3RD FLOOR																				

Third Rock	<u>Ventures II, L.P.</u>							
			_					
(Last)	(First)	(Middle)						
C/O THIRD ROCK VENTURES, LLC								
29 NEWBURY STREET, 3RD FLOOR								
(Street)			_					
BOSTON	MA	02116						
(City)	(State)	(Zip)						
1. Name and Addr	ess of Reporting Person*							
Third Rock Ventures GP II, L.P.								
,			_					
(Last)	(First)	(Middle)						
29 NEWBURY STREET, 3RD FLOOR								
(Street)			_					
BOSTON	MA	02116						
			_					
(City)	(State)	(Zip)						
1. Name and Addr	ess of Reporting Person*							

TRV GP II, LLC	<u> </u>								
(Last) (First) (Middle)									
29 NEWBURY STREET, 3RD FLOOR									
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*  LEVIN MARK J									
(Last)	(First)	(Middle)							
29 NEWBURY STREET, 3RD FLOOR									
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*  TEPPER ROBERT I									
(Last)	(First)	(Middle)							
29 NEWBURY STREET, 3RD FLOOR									
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							

## **Explanation of Responses:**

- 1. Distribution of shares in kind by Third Rock Ventures II, L.P. ("TRV") on a pro rata basis to its partners.
- 2. The shares are directly held by Third Rock Ventures II, L.P. ("TRV"). The general partner of TRV is Third Rock Ventures GP II, L.P. ("TRV GP"). The general partner of TRV GP is TRV GP II, LLC ("TRV GP LLC"). The individual managers of TRV GP LLC, Levin, Starr ("Starr") and Dr. Robert Tepper ("Tepper") and, as such, each of TRV GP, TRV GP LLC, Levin, Starr and Tepper exercises shared voting and investment power over the shares held of record by TRV. Each of the Reporting Persons disclaims beneficial ownership of the shares except to the extent of their pecuniary interest therein, if any.
- 3. TRV GP received shares distributed in kind by TRV on a pro rata basis to its partners.
- 4. The shares are directly held by TRV GP. As such, each of TRV GP LLC, Levin, Starr and Tepper exercises shared voting and investment power over the shares held of record TRV GP. Each of the Reporting Persons disclaims beneficial ownership of the shares except to the extent of its pecuniary interest therein, if any.
- 5. Distribution of shares in kind by TRV GP on a pro rata basis to its partners.
- 6. Levin received shares distributed in kind by TRV GP on a pro rata basis to its partners.
- 7. Tepper received shares distributed in kind by TRV GP on a pro rata basis to its partners.

## Remarks:

/s/ Third Rock Ventures II, L.P. by Third Rock Ventures GP II, 11/13/2015 L.P. its general partner by TRV GP II, LLC its general partner /s/ Third Rock Ventures GP II, L.P. by TRV GP II, LLC its 11/13/2015 general partner /s/ TRV GP II, LLC 11/13/2015 /s/ Kevin Gillis by power of 11/1<u>3/2015</u> attorney for Mark Levin /s/ Kevin Gillis by power of 11/13/2015 attorney for Dr. Robert Tepper \*\* 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 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.