Instruction 1(b)

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 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

Cook Anne Marie						Sage Therapeutics, Inc. [SAGE]								eck all appli Directo	cable)	g i cic	10% Ov Other (s	/ner
(Last) (First) (Middle) C/O SAGE THERAPEUTICS, INC. 215 FIRST STREET						3. Date of Earliest Transaction (Month/Day/Year) 05/10/2019								helow)		& Sec	below)	респу
(Street) CAMBRIDGE MA 02142					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(3		(Zip)	n_Deri	vativ		curit	tios Ac	auired	Die	enoced o	of or Bo	neficial	ly Owner				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					saction	ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A) or	5. Amou Securitie Benefici	int of es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(IIISti. 4)
Common Stock 05/10/2						2019			M ⁽¹⁾		15,000) A	\$28.6	3 15	,000		D	
Common Stock 05/10/					0/2019	2019			S ⁽¹⁾		15,000) D	\$166.1	.4 0.00			D	
Common Stock 05/10/2					0/2019	:019			M ⁽¹⁾		700	A	\$56.2	7 700			D	
		-	Table II -								osed of, converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ed Date,	4. Transa Code (I 8)	ection	5. N of Deri Sec Acq (A) 0 Disp of (I	umber ivative urities uired	6. Date Exercis Expiration Date (Month/Day/Yea		sable and	7. Title and of Securiti Underlying Derivative (Instr. 3 and	d Amount ies g	8. Price of Derivative Security (Instr. 5)	derivative Securitie	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$28.63	05/10/2019			M ⁽¹⁾			15,000	(2)		02/08/2026	Common Stock	15,000	\$0.00	15,000 ⁰	(3)	D	
Stock Option (Right to	\$56.27	05/10/2019			M ⁽¹⁾			700	(4)		09/16/2025	Common Stock	700	\$0.00	109,30	0	D	

Explanation of Responses:

- 1. The exercises 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. The securities awarded on February 8, 2016 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 February 8, 2017, with 15,000 shares vesting in 36 equal monthly installments thereafter. Options to purchase 10,000 shares of common stock shall vest periodically upon the Company reaching certain milestone.
- 3. Reflects the balance after 10,000 options were forfeited due to unmet performance condition.
- 4. The stock option award was issued pursuant to the Sage Therapeutics, Inc. 2014 Stock Option and Incentive Plan. 27,500 shares vested on September 16, 2016 with the remaining shares vesting in equal monthly installments over the 36 months following September 16, 2016.

Remarks:

/s/ Anne Marie Cook

05/10/2019

** 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.