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FRATES JAL Form 4	MES M											
August 23, 2018 FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	Washington, D.C. 20549							OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 or	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 3 200 Estimated average burden hours per response 0				
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 1	7(a) of the		ility H	oldi	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	Responses)											
1. Name and A FRATES JA	2. Issuer Symbol Sage Th			Ticker or T			5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Che						ck all applicable)			
C/O SAGE THERAPEUTICS, 08/22/20 INC., 215 FIRST STREET				ay/Year)					Director 10% Owner Officer (give title Other (specify below)			
	(Street) 4. If Amer Filed(Mont					e Original			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
CAMBRIDO	GE, MA 02142	2							Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Nor	1-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	emed on Date, if Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)))	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	08/22/2018			G	V	700	D	<u>(1)</u>	4,300	D		
Common Stock	08/22/2018			G	V	65	D	<u>(2)</u>	4,235	D		

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

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 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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	6. Date Exercisable and Expiration Date (Month/Day/Year)		e and int of lying ities 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

FRATES JAMES M C/O SAGE THERAPEUTICS, INC. 215 FIRST STREET

Reporting Owner Name / Address

Signatures

CAMBRIDGE, MA 02142

/s/ Anne Marie Cook, as Attorney-in-Fact for James M. Frates

**Signature of Reporting Person

Explanation of Responses:

- * 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).

Relationships

Director

10% Owner Officer Other

- (1) On August 22, 2018, the reporting person made a charitable gift of 700 shares. No compensation was given to the reporting person for the gifted shares.
- (2) On August 22, 2018, the reporting person made a charitable gift of 65 shares. No compensation was given to the reporting person for the gifted shares.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

08/23/2018

Date