## Edgar Filing: DOYLE WILLIAM F - Form 4

DOYLE WIL Form 4	LIAM F										
October 15, 2	018										
										OMB APPROVAL	
	Washington, D.C. 20549							OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Section 16. Sec					CIA			Expires:	January 31, 2005		
					LOW	NERSHIP OF	burden hou	Estimated average burden hours per			
Form 4 orresponseForm 5obligationsobligationsFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934,see InstructionSection 17(a) of the Public Utility Holding Company Act of 1935 or Section1(b).30(h) of the Investment Company Act of 1940								0.5			
(Print or Type R	esponses)										
1. Name and Address of Reporting Person *       2. Issuer Name and Tid         DOYLE WILLIAM F       Symbol					Issuer			of Reporting Person(s) to			
	Minerva Neurosciences, Inc. [NERV]					(Check all applicable)					
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					_X_ Director10% Owner Officer (give titleOther (specify below)below)			
	ENTURES L Y, 17TH FLO		10/11/20	)18							
	(Street)		Filed(Month/Day/Year) Ap				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW YORK	a, NY 10036								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Ye	ear) Executi any		Code Disposed of (D)		)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common	10/11/2018			Code V P	Amount 600	(D)	Price	````	D		
Stock	10/11/2018			r	000	А	\$10	12,611	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh						
	Director	10% Owner	Officer	Other				
DOYLE WILLIAM F C/O WFD VENTURES LLC 1500 BROADWAY, 17TH FLOOR NEW YORK, NY 10036	Х							
Signatures								
/s/ Matt Bartholomae, Attorney-in-Fact	10	)/15/2018						
**Signature of Reporting Person		Date						
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).

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.