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 Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* TABUTEAU HERRIOT (Last) (First) (Middle) C/O AXSOME THERAPEUTICS, INC. 22 CORTLANDT STREET, 16TH FLOOR						2. Issuer Name and Ticker or Trading Symbol Axsome Therapeutics, Inc. [AXSM] 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2023 4. If Amendment, Date of Original Filed (Month/Day/Year)						(Ch	eck all applic Director Officer below) CHIEF	CHIEF EXECUTIVE OFFICER			
(Street) NEW YO	ORK N	Y	10007		T. I. A. M. S. I. M. G.						Line	e) <mark>X</mark> Form fi	Form filed by More than One Reporting				
(City)	(S	tate)	(Zip)														
		Та	ble I - Non-	Deriva	tive S	ecurities	s Ac	quired, D	ispo	osed o	f, or Be	neficiall	y Owned				
Da			2. Transac Date Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		ed (A) or tr. 3, 4 and	5. Amoun Securities Beneficia Owned Fo	es For ally (D) Following (I) (Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	/ /	Amount	ount (A) or Pr		Transacti (Instr. 3 a	ction(s)			(Instr. 4)	
	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		3A. Deemed Execution Da if any (Month/Day/Y	Co	nsaction de (Instr.	Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and of Securiti Underlying Derivative (Instr. 3 ar	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	ie V	(A)	(D)	Date Exercisable		oiration te	Title	Amount or Number of Shares		(Instr. 4)			
Employee Stock Option (Right to Buy)	\$65.32	03/02/2023		A		110,032		(1)	03/0	01/2033	Common Stock	110,032	\$0.00	110,03	32	D	
Restricted Stock Units	(2)	03/02/2023		A		62,400		(3)		(3)	Common Stock	62,400	\$0.00	62,40	0	D	

Explanation of Responses:

- 1. The option will vest in substantially equal quarterly installments over four years such that the option will be fully vested on March 2, 2027.
- 2. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's common stock.
- 3. 25% of the RSUs will vest on the one (1) year anniversary of the date of grant. The remaining RSUs will vest in in three substantially equal annual installments, such that the RSUs will be fully vested on March 2, 2027. Vested shares will be delivered to the reporting person upon the earlier of (i) the closing of a Change in Control (as defined in the Issuer's Amended and Restated 2015 Omnibus Incentive Compensation Plan (the "Plan"), (ii) the reporting person's separation of service from the Issuer (including termination with or without Cause (as defined in the Plan), or termination due to death or disability), or (iii) seven (7) years from the date of grant.

Remarks:

/s/ Herriot Tabuteau, M.D.

03/06/2023

** 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.