FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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Name and Address of Reporting Person* Saad Mark E					2. Issuer Name and Ticker or Trading Symbol Axsome Therapeutics, Inc. [AXSM]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O AXSOME THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/11/2024								Officer (give title Other (specify below) below)					
ONE WORLD TRADE CENTER, 22ND FLOOR				4. If	f Amen	dmer	nt, Date	of Origir	nal File	ed (Month/Day		6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YO	ORK N	Y	10007			Line) Form filed by One Reporting Person Form filed by More than One Reporting Person												
(City)	(S	tate)	(Zip)															
		Tal	ble I - I	1		_		_	cquire	d, Di	sposed o	•		_				
1. Title of Security (Instr. 3)			2. Transac Date (Month/Da		Year) Execu		Deemed cution Date, ny nth/Day/Year)		ction nstr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at			nd 5) Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect g (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							ĺ	Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock				09/11/2	/2024				M ⁽¹⁾⁽²⁾		11,016	A	\$3.67	21,018		D		
Common Stock			09/11/2	2024				S ⁽²⁾⁽³⁾		11,016	D	\$91.31(4)	10,002		D			
Common Stock												300		I (5)		see explanation below.		
			Table								posed of, convertib			Owned				
Security (Instr. 3) Or Exerc Price of Derivativ	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) of vative		3A. Deemed Execution Date, if any (Month/Day/Year)		ction nstr.			6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficia Ownersh t (Instr. 4)
						v	(A) (D)		Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to	\$3.67	09/11/2024		M ⁽¹⁾⁽²⁾		2) 11,01		09/16	5/2015	09/16/2024	Commor Stock	11,016	\$0.00		0 D			

Explanation of Responses:

- 1. Represents an exercise of stock options prior to the 10-year expiration date of such options, which would occur later this month.
- 2. Such transaction was pursuant to a pre-approved 10b5-1 plan.
- 3. Represents the subsequent sale of the underlying shares of the aforementioned exercise of stock options.
- 4. Represents the weighted average sale price of a series of open market transactions with sale prices ranging between \$90.25 and \$92.90.
- 5. Represents additional shares held indirectly by the Reporting Person prior to September 11, 2024 which includes shares indirectly beneficially owned by Mr. Saad as custodian for his children's UTMA

/s/ Herriot Tabuteau, M.D., 09/11/2024 Attorney-in-Fact

** 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.