FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
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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

Name and Address of Reporting Person* Mahony Susan						2. Issuer Name and Ticker or Trading Symbol Axsome Therapeutics, Inc. [AXSM]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/27/2024									Officer below)	(give title		Other (s below)	pecify
C/O AXSOME THERAPEUTICS, INC. ONE WORLD TRADE CENTER, 22ND FLOOR					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) NEW YO	ORK N	Y	10007		_										Form f Persor		e than	One Repor	ting
(City)	(Si	tate)	(Zip)		- Ru 	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										l to			
		Tab	le I - Noı	n-Deriv	vative	Se	curiti	es A	cqu	uired, D	isp	osed o	f, or Bei	neficial	y Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,		'	3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				es Form ally (D) of following (I) (Ir		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
										Code V		Amount	(A) or (D)		Reported Transact (Instr. 3 a	tion(s)			Instr. 4)
		7	Table II -										or Bene ole secu		Owned				
Derivative Conversion Date Execution Date, If any				ransaction of ode (Instr. Derivative			Exp	Expiration Date (Month/Day/Year)			7. Title and Amount 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)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	te ercisable	Ex Da	piration ite	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$84	02/27/2024			A		191		02/2	27/2024 ⁽¹⁾	02	/26/2034	Common Stock	191	\$0.00	191		D	

Explanation of Responses:

1. Represents 191 options elected to be received in lieu of cash compensation earned in 2023. All of such options are immediately exercisable.

/s/ Nick Pizzie, Attorney-in-**Fact**

02/29/2024 ** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).