FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	ES IN BEN	EFICIAL (OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average b	ourden							
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* Jacobson Mark L. (Last) (First) (Middle)				- A:	2. Issuer Name and Ticker or Trading Symbol Axsome Therapeutics, Inc. [AXSM] 3. Date of Earliest Transaction (Month/Day/Year)								eck all appli Directo	cable) or (give title	ting Person(s) to Iss 10% Ove Other (solution)		wner	
	O AXSOME THERAPEUTICS, INC.			03	05/29/2024								C	Chief Operating Officer				
ONE WORLD TRADE CENTER, 22ND FLOOR				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)					_										•		orting Perso	- 1
NEW YO	ORK N	Y	10007											Form 1 Persor		e than	One Repor	rting
(City) (State) (Zip)				R	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.													
		Tab	le I - I	Non-Deri	ivativ	e Sec	curit	ties A	cquire	ed, D	isposed c	of, or B	eneficial	y Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N				Execution Date,		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amor Securiti Benefic Owned Reporte	es Formially (D) Following (I) (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(111501. 4)		
Common	Stock		05/29/2024 M ⁽¹⁾ 13,693 A \$1.		\$1.3	13	13,693		D									
Common	Stock			05/29/2	2024				S ⁽²⁾		7,910	D	\$74.3127	(3) 5	,783 D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Exec Security or Exercise (Month/Day/Year) if any		if any	emed 4. Transa Code (h/Day/Year)				6. Date Exercisable and 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)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	or Number of Shares					
Stock Option (Right to Buy)	\$1.3	05/29/2024			M ⁽¹⁾			13,693	08/15	5/2015	06/18/2024	Common Stock	13,693	\$0.00	0		D	

Explanation of Responses:

- 1. Represents an exercise of stock options prior to the 10-year expiration date of such options.
- 2. Represents the subsequent sale of a portion of the underlying shares of the aforementioned exercise of stock options by the reporting person through a "sell to cover" transaction to satisfy tax withholding obligations and costs in connection with the aforementioned exercise of stock options.
- 3. Represents the weighted average sale price of a series of open market transactions with sale prices ranging between \$73.99 and \$74.52.

/s/ Mark Jacobson

05/29/2024

** 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.