FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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(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* Marek David C (Last) (First) (Middle) C/O AXSOME THERAPEUTICS, INC. 200 BROADWAY, 3RD FLOOR				Issuer Name and Ticker or Trading Symbol Axsome Therapeutics, Inc. [AXSM] Inc. [AXSM] Inc. [AXSM]						(Ch	Relationship of Reporting Person(s) to Issuer check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Commercial Officer						
(Street) NEW YORK NY 10038 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				ction 2A. Deemed Execution Date,			3. Transacti Code (Ins	4. Secur Dispose 5)	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) Amount (A) or Price			5. Amount of 6.		7. Nature of Indirect Beneficial Ownership (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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\	C	ansaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/	ate	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 Transactior (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (Right to Buy)	\$45.14	03/17/2020			A		53,984		(1)	03/16/2030	Common Stock	53,984	\$0	53,984	D		
Restricted Stock Units	(2)	03/17/2020			A		16,533		(3)	(3)	Common Stock	16,533	\$0	16,533	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 17, 2024.
- $2. \ Each \ restricted \ stock \ unit \ ("RSU") \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ the \ Issuer's \ common \ stock.$
- 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 17, 2024. 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 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.

/s/ David Marek

03/19/2020

** 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.