FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-02								
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* Coleman Mark (Last) (First) (Middle) C/O AXSOME THERAPEUTICS, INC. ONE WORLD TRADE CENTER, 22ND FLOOR						2. Issuer Name and Ticker or Trading Symbol Axsome Therapeutics, Inc. [AXSM] 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2023 4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) 6. Individual or Joint/Group Filing (Check Applicatine) X Form filed by One Reporting Person				wner specify plicable
(Street) NEW YO	ORK N	Y	10007		D:	Form filed by More than One Reporting Person Pullo 10hE 1(a) Transportion Indication										rting		
(City)	(S	tate)	(Zip)		X	Rule 10b5-1(c) Transaction Indication X Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									at is intende	d to		
		Tal	ole I - N	lon-Der	ivative	Sec	urit	ies Ac	quired	l, Di	sposed of	f, or Be	neficially	/ Owned				
Date			2. Transad Date (Month/Da		Execu	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a)			nd 5) Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)						
Common Stock 09/15/20					2023	23		M ⁽¹⁾⁽²⁾		11,016	A	\$3.67	36,1	36,113		D		
Common Stock 09/15/20				2023	23			S ⁽²⁾⁽³⁾		11,016	D	\$75.1853	353 25,097		D			
Common Stock 09/15/20			2023)23			S ⁽²⁾		18,572	D	\$75.1771	403,856		1 1 1		See Footnote ⁽⁴⁾		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Date,		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		te of Securities Underlying Derivative Secu (Instr. 3 and 4)		ties ng e Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitic Benefici Owned Followir Reporte Transac (Instr. 4)	re es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Number of Shares					
Stock Option (Right to Buy)	\$3.67	09/15/2023			M ⁽¹⁾⁽²⁾			11,016	09/16/	2015	09/16/2024	Common Stock	11,016	\$0.00	0		D	

Explanation of Responses:

- 1. Represents an exercise of stock options.
- 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. Such shares are held by an entity, of which the reporting person has voting and dispositive power, and therefore, the reporting person is deemed to be the indirect beneficial owner of such shares.

Remarks:

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

09/15/2023

** 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.