## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL				
OMB Number:	3235-0287				
Estimated average burd	len				
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*  JEFFS ROGER						2. Issuer Name <b>and</b> Ticker or Trading Symbol Axsome Therapeutics, Inc. [ AXSM ]						5. Relationship of Reporting (Check all applicable) X Director			10% Owner	
(Last) (First) (Middle) 25 BROADWAY, 9TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 11/19/2015							Officer (give title Other (specify below) below)			
(Street) NEW YORK NY 10004				 	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		Zip)	Dowin roti	6	o u witi o	- ^ -	auired D	ionoood	of or Do	noficial	ly Overson	<u> </u>			
					action 2A. Deemed Execution Date,			3. Transacti Code (Ins 8) Code V	4. Secur Dispose 5)  Amount	(A) or (D)	ed (A) or str. 3, 4 and	5. Amou Securitic Benefici Owned F Reporte Transac (Instr. 3	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Direct Condinect Extr. 4)	7. Nature of Indirect Beneficial Dwnership Instr. 4)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	te, 4.	nsactio le (Instr	5. Number of		6. Date Exerr Expiration D (Month/Day/	isable and			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y   G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	le V	(A)	(D)	Date Exercisable	Expiration Date	Title	or Number of Shares					
Employee Stock Option (Right to Buy)	\$9	11/19/2015		A		9,127		(1)	11/18/2025	Common Stock	9,127	\$0	9,127		D	

## **Explanation of Responses:**

1. The option vests in full on the one-year anniversary of the date of grant, November 19, 2016.

/s/ Constance Ames, Attorney-11/23/2015

in-Fact

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.