
**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 8-K

**CURRENT REPORT
Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934**

Date of Report (Date of earliest event reported): **September 4, 2014**

Minerva Neurosciences, Inc.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

001-36517
(Commission
File Number)

26-0784194
(I.R.S. Employer
Identification No.)

**245 First Street
Suite 1800
Cambridge, MA**
(Address of principal executive offices)

02142
(Zip Code)

(Registrant's telephone number, including area code): **(617) 444-8444**

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
 - Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
 - Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
 - Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))
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Item 7.01 Regulation FD Disclosure

Minerva Neurosciences, Inc. (the "Company") is presenting at the Baird 2014 Health Care Conference on Thursday, September 4, 2014 in New York City, New York. The materials that the Company intends to utilize in the presentation are furnished as Exhibit 99.1 to this current report and incorporated herein by reference.

The Company expressly disclaims any obligation to update this presentation and cautions that it is only accurate on the date it was presented. The inclusion of any data or statements in this presentation does not signify that the information is considered material.

This information contained or incorporated herein, including the presentation furnished as Exhibit 99.1, is being furnished, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section, and shall not be deemed to be incorporated by reference into any of the Company's filings, whether made before or after the date hereof, regardless of any general incorporation language in any such filing.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

<u>Exhibit No.</u>	<u>Description</u>
99.1	Presentation of the Company dated September 4, 2014

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

MINERVA NEUROSCIENCES, INC.

Date: September 4, 2014

By: /s/ Rogerio Vivaldi Coelho MD, MBA

Name: Rogerio Vivaldi Coelho MD, MBA

Title: President, Chief Executive Officer and Director

EXHIBIT INDEX

Exhibit	Description
99.1	Presentation of the Company dated September 4, 2014

September 4, 2014

Rogério Vivaldi, MD
President & CEO



*Dedicated to transforming the lives of people affected by
neuropsychiatric diseases through innovative science
that addresses patients' unmet needs*

Forward-Looking Statement Safe-Harbor



This presentation contains certain forward-looking statements about Minerva Neurosciences that are intended to be covered by the safe harbor for "forward-looking statements" provided by the Private Securities Litigation Reform Act of 1995, as amended. Forward-looking statements are statements that are not historical facts. Words such as "expect(s)," "feel(s)," "believe(s)," "will," "may," "anticipate(s)" and similar expressions are intended to identify forward-looking statements. These statements include, but are not limited to, statements regarding our ability to successfully develop and commercialize our therapeutic products; our ability to expand our long-term business opportunities; our expectations regarding approval for our products by the U.S. Food and Drug Administration or equivalent foreign regulatory agencies; estimates regarding the market potential for our products; financial projections and estimates and their underlying assumptions; and future performance. All of such statements are subject to certain risks and uncertainties, many of which are difficult to predict and generally beyond the control of the Company, that could cause actual results to differ materially from those expressed in, or implied or projected by, the forward-looking statements. These risks and uncertainties include, but are not limited to: whether any of our therapeutic candidates will advance further in the clinical trials process and whether and when, if at all, they will receive final approval from the U.S. Food and Drug Administration or equivalent foreign regulatory agencies and for which indications; whether any of our therapeutic candidates will be successfully marketed if approved; whether our therapeutic product discovery and development efforts will be successful; our ability to achieve the results contemplated by our collaboration agreements; the strength and enforceability of our intellectual property rights; competition from pharmaceutical and biotechnology companies; the development of and our ability to take advantage of the market for our therapeutic products; our ability to raise additional capital to fund our operations on terms acceptable to us; general economic conditions; and the other risk factors contained in our periodic and interim reports filed with the Securities and Exchange Commission which are available on the SEC website at www.sec.gov. Our audience is cautioned not to place undue reliance on these forward-looking statements that speak only as of the date hereof, and we do not undertake any obligation to revise and disseminate forward-looking statements to reflect events or circumstances after the date hereof, or to reflect the occurrence of or non-occurrence of any events.

The Minerva Story:

A company for all stakeholders: patients, investors, science and beyond



Portfolio of First in Class Neuropsychiatric Drugs

- Patient-centric neuropsychiatric biopharmaceutical company
- Four clinical-stage compounds with transformative potential
- Validated MOAs differentiated by additional innovative receptor activities

Large Addressable Market

- 90M patients covered under our commercial rights¹
- Significant unmet medical need
- \$14B total addressable market²

Leadership Team With Proven Track Record

- \$10B in product sales in the last 10 years addressing unmet needs
- 8 FDA-approved neuropsychiatry drugs in the last 5 years
- Experience building patient-centric organizations

World Class Pharma Collaborators



PHARMACEUTICAL COMPANIES
OF Johnson & Johnson



Mitsubishi Tanabe Pharma

1. Represents patients in the seven major markets (U.S., Japan, France, Germany, Italy, Spain and the United Kingdom)
2. Datamonitor, Decision Resources. Represents 2012 Drug Sales

Proven Leadership Team & External R&D



Senior Management



Rogerio Vivaldi, MD, MBA

President & CEO

✓ Launched & commercialized 20 drugs for unmet medical needs in the last 20 years. Built Genzyme in Latin America



Remy Luthringer, PhD

EVP & Head of R&D

✓ Conducted over 750 clinical studies in neuropsychiatry space



Geoff Race, FCMA, MBA

EVP & CFO

✓ 7 biotech start-ups and executed 4 sale transactions



Joseph Reilly

COO

✓ Built Commercial Operations team focused on a patient centric business model



Mark Levine

General Counsel

✓ More than 17 years of experience as a corporate and commercial attorney

Neuropsychiatry's Drug Development Experts



Jean Yves Schaffhauser

CRO Management



Corinne Stanner, MD

Medical Affairs



Nadine Noel, PhD

Drug Development



Sandra Werner, PhD

Program Management



Jay Saoud

Biostatistics & Medical Writing

Pipeline: Transformative Therapies

Next generation of first in class neuropsychiatry pharmaceuticals



Program	Primary Indication	Unique MOA	Preclinical	Phase 1	Phase 2	Prevalent Population ¹	Existing Drug Sales ¹
MIN-101	Schizophrenia	<ul style="list-style-type: none"> 5-HT2A Sigma2 	Phase IIA Completed Once a Day Formulation ongoing		Ph IIB Starts in Q4 14	4.2M US + EU5	\$3.9B
MIN-117	Major Depressive Disorder (MDD)	<ul style="list-style-type: none"> 5-HT1A 5-HTT Alpha-1a,b Dopamine Transporter 5-HT2A 	Phase I Completed		Ph IIB TBD	30M US + EU5	\$5.2B
MIN-202	Primary and Secondary Insomnia	<ul style="list-style-type: none"> Selective Orexin-2 antagonist (SORA) 	Phase IA Completed		Ph IB ongoing	53M US + EU5 + Japan	\$2.7B
MIN-301	Parkinson's Disease	<ul style="list-style-type: none"> ErbB4 activator 	Preclinical ongoing	Ph I TBD		2.4M US + EU5 + Japan	\$2.3B

90M **\$14B**

1. Source: Datamonitor and Decision Resources. Represents 2012 drug sales.

MIN-101:

Potential first in class transformative schizophrenia therapy

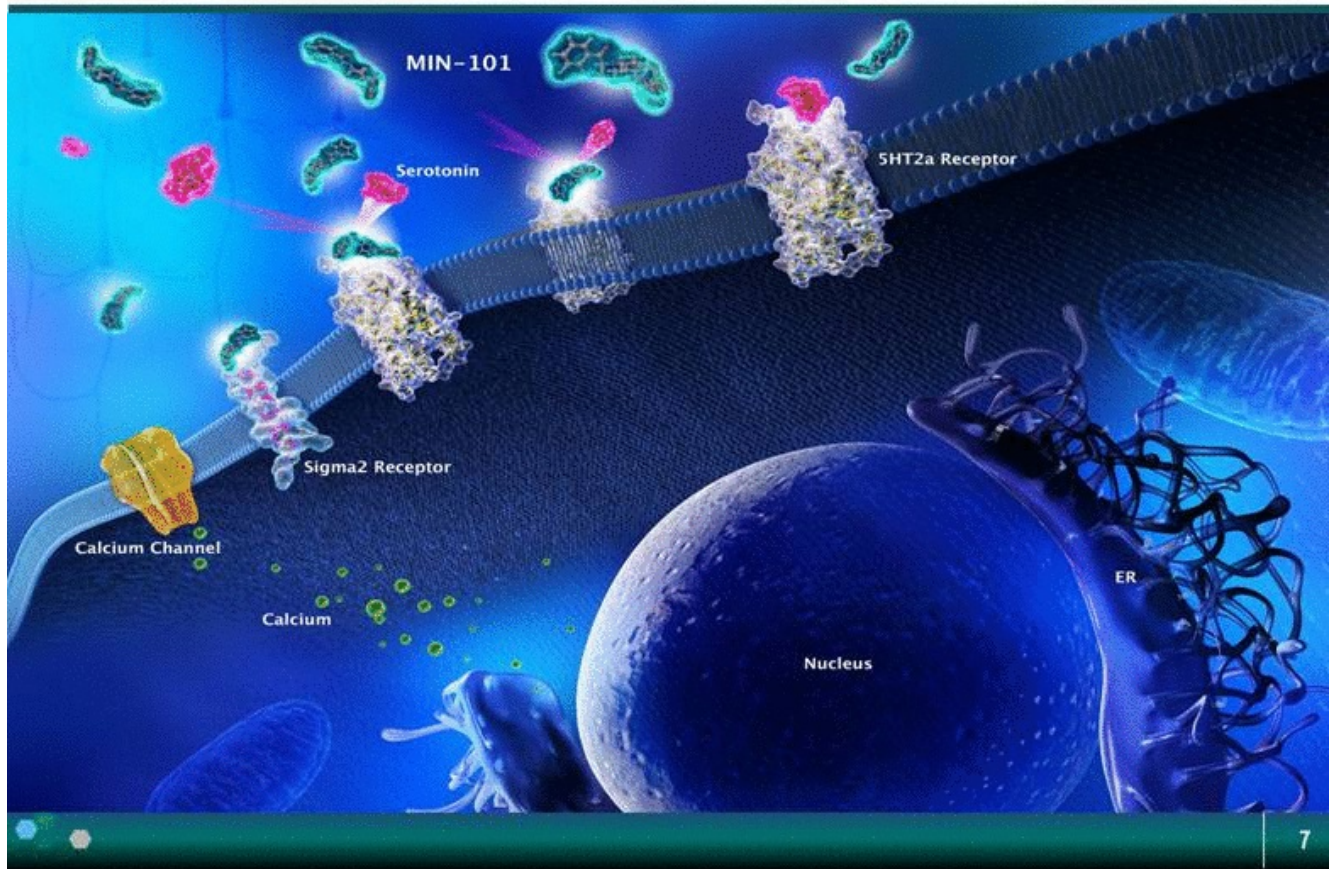


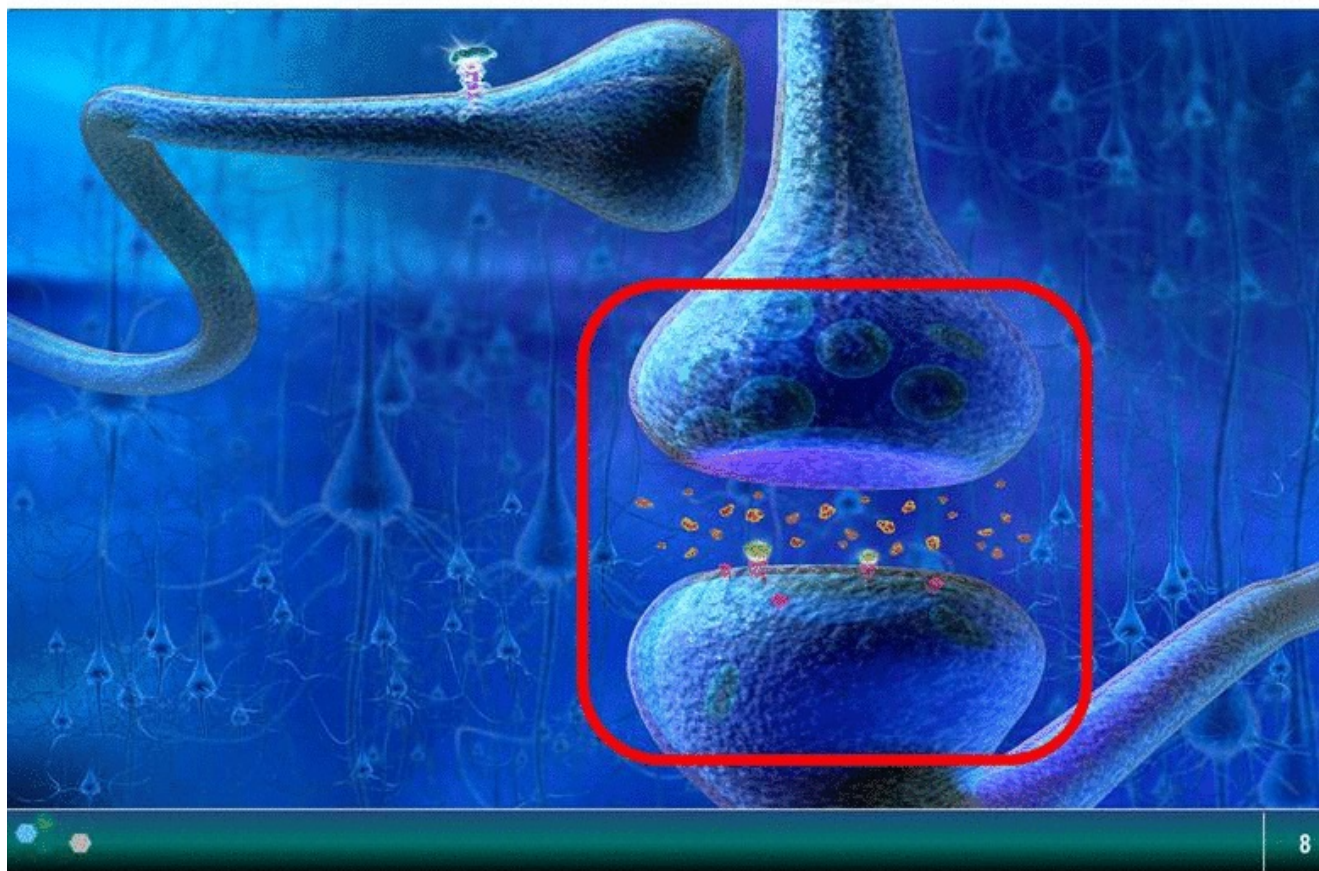
- ✓ **Potential to be the first drug to treat negative disease symptoms**
 - While potentially addressing the entire spectrum of symptoms

- ✓ **Potential to avoid severe side effects of existing therapies**
 - Sedation, involuntary movements, prolactin increase, metabolic syndrome, cognitive impairment, sleep disorders and weight gain

- ✓ **Potential to market as a mono and/or combination treatment**
 - Seeking approval as monotherapy to address spectrum of schizophrenia symptoms
 - Phase III trial will also study use as adjunctive therapy with atypical antipsychotics to improve negative symptoms, cognitive symptoms and insomnia
 - Potential to combine with other neuropsychiatric drugs to address a broad range of indications outside of schizophrenia

MIN-101 Mechanism of Action



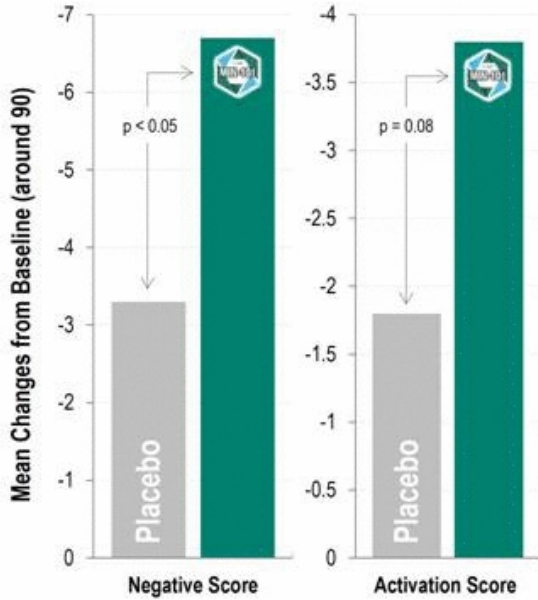


MIN-101:

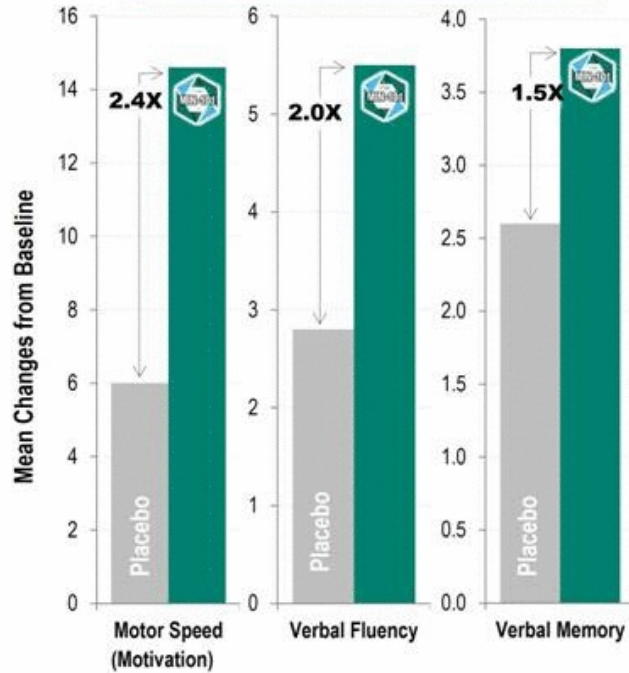
Compelling Efficacy on Spectrum of Symptoms (Phase IIA)



Total PANSS Weighted Score Decrease:
-24.1 for MIN-101 versus -17.9 Placebo



Improves Several Cognitive Dimensions
After Three Months (1)



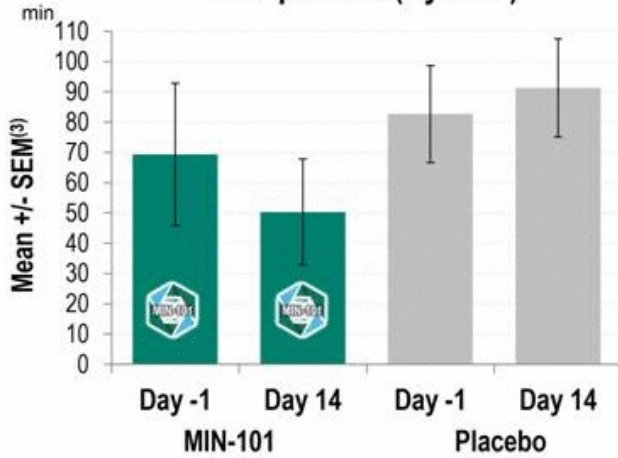
(1) As measured at day 84 by BACS-Subscales Score - PPC

MIN-101:

Compelling Efficacy On **Sleep** - Objective¹ and Subjective² Measurements (Phase IIA)

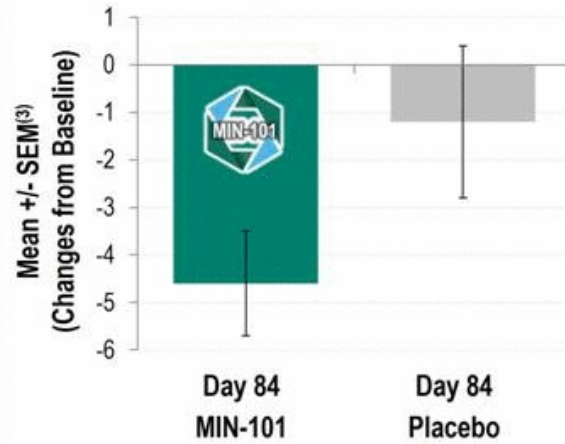


Objective Measures of Sleep Onset (By PSG)



- Quicker onset of sleep after 2 weeks of treatment with MIN-101 vs. Placebo

Subjective Measures By PSQI Scale



- Improved sleep quality after 3 months of treatment with MIN-101 versus Placebo



Expected to be submitted in 4Q 2014 – Phase IIB

Multicenter, randomized, double-blind, placebo controlled, parallel group design study in approximately 234 schizophrenic patients with predominantly negative symptoms, randomized in a 1:1:1 ratio to receive MIN-101 64 mg, MIN-101 32 mg or placebo once daily for 3 months (12 weeks) followed by an optional extension of 6 months

▪ **Primary Endpoint:**

- Evaluate the efficacy of MIN-101 compared to placebo on negative symptoms of schizophrenia as measured by the change from baseline in PANSS negative subscale of the pentagonal model over 3 months of treatment

▪ **Secondary Endpoints:**

- Evaluate the efficacy of MIN-101 compared to placebo on other symptoms of schizophrenia as measured by change from baseline in PANSS total score and Positive, Dysphoric mood, Activation and Autistic preoccupation subscores of the pentagonal model over 3 months of treatment
- Assess the effects of MIN-101 compared to placebo on the Clinical Global Impression of Severity (CGI-S) and Clinical Global Impression of Improvement (CGI-I) over 3 months of treatment
- Assess the effects versus placebo of MIN-101 on cognitive function and on sleep architecture and subjective sleep
- Evaluate the safety and tolerability of MIN-101 compared to placebo
- Assess MIN-101 and its metabolites PK profile using PK population

1H 2016
Phase IIB
Results

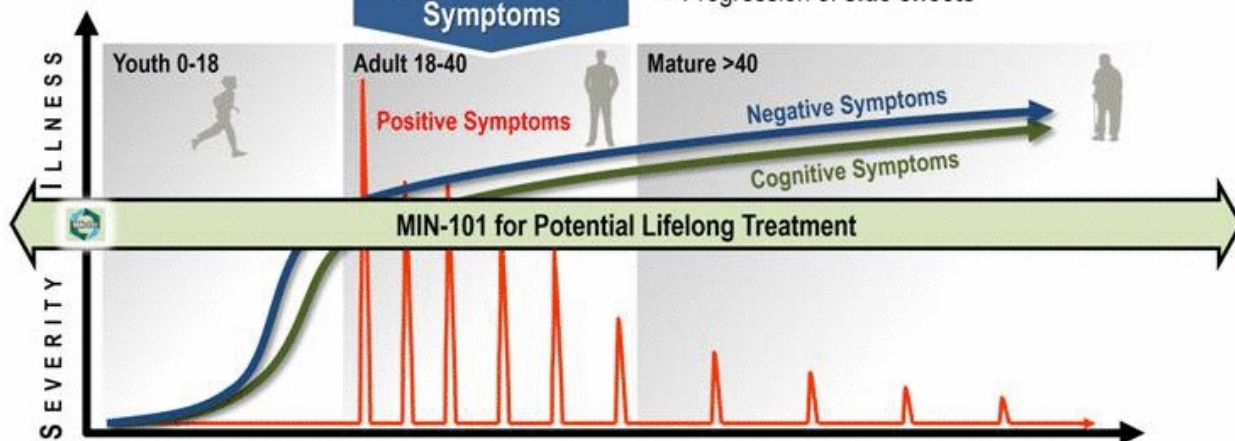
Huge Commercial Opportunity:

Significant Unmet Medical Need in Schizophrenia

\$3.9B Rx
Annual Sales²
For
Current Treatments
Focus On Positive
Symptoms

60% to 80% Discontinuation Rate¹

- Lack of efficacy on **negative symptoms**
- Lack of efficacy on **cognitive symptoms**
- Lack of efficacy on **insomnia**
- Progression of **side effects**



1. Represents discontinuation rate over the course of 18 months. Lieberman, J et al; NEJM; Sept 22, 2005; vol.353 no. 12
2. Source: Datamonitor and Decision Resources. Represents 2012 drug sales.

MIN-202:

New generation of mechanism of action

Mechanism of Action

- SELECTIVE OREXIN-2 RECEPTOR ANTAGONIST (SORA)
- MODULATES HISTAMINERGIC AND OTHER ENDOCRINOLOGIC PATHWAYS AT NEURONS IN THE POSTERIOR HYPOTHALAMUS
- BEING INVESTIGATED FOR RAPID RESTORATION OF PHYSIOLOGIC SLEEP ARCHITECTURE AND SLEEP-WAKEFULNESS CYCLES FOR RESTORATIVE SLEEP WITHOUT IMPAIRING DAYTIME FUNCTIONING IN PATIENTS WITH PRIMARY AND SECONDARY INSOMNIA



Target Profile

Blocks Wake Drive

- ✓ Efficacy that's equal or superior to Standard of Care
- ✓ Enables true, restorative sleep
- ✓ Normal levels of REM sleep
- ✓ No residual sedation
- ✓ No daytime impairment
- ✓ Normal motion suppression
- ✓ No alcohol interaction
- ✓ No abuse potential

Pipeline: Transformative Therapies

Next generation of first in class neuropsychiatry pharmaceuticals



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Thank You



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