

SEC Form 3

FORM 3**UNITED STATES SECURITIES AND EXCHANGE
COMMISSION**

Washington, D.C. 20549

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF
SECURITIES****OMB APPROVAL**

OMB Number: 3235-0104
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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* <u>BOEHRINGER INGELHEIM</u> <u>INTERNATIONAL GMBH</u> (Last) (First) (Middle) <u>BINGER STRASSE 173</u> (Street) <u>55216</u> <u>INGELHEIM 2M</u> <u>AM RHEIN</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>06/27/2023</u>	3. Issuer Name and Ticker or Trading Symbol <u>Minerva Neurosciences, Inc. [NERV]</u> 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below) 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	1,275,000	D ⁽¹⁾	

**Table II - Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Pre-Funded Warrant (right to buy)	06/27/2023	(2)	Common Stock	225,225	\$0.01	D ⁽¹⁾	

1. Name and Address of Reporting Person* <u>BOEHRINGER INGELHEIM</u> <u>INTERNATIONAL GMBH</u> (Last) (First) (Middle) <u>BINGER STRASSE 173</u> (Street) <u>55216</u> <u>INGELHEIM 2M</u> <u>AM RHEIN</u> (City) (State) (Zip) Relationship of Reporting Person(s) to Issuer		
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Director	<input checked="" type="checkbox"/>	10% Owner
Officer (give title below)		Other (specify below)

1. Name and Address of Reporting Person *

[Boehringer AG](#)

(Last) (First) (Middle)

[BINGER STRASSE 173](#)

(Street)

[55216](#)

[INGELHEIM 2M](#)

[AM RHEIN](#)

(City) (State) (Zip)

Relationship of Reporting Person(s) to Issuer

Director	<input checked="" type="checkbox"/>	10% Owner
Officer (give title below)		Other (specify below)

Explanation of Responses:

- The securities are held directly by Boehringer Ingelheim International GmbH ("International GmbH"), a wholly owned indirect subsidiary of C. H. Boehringer Sohn AG & Co. KG ("Parent"). Boehringer AG (the "GP") is the General Partner of Parent. Under Securities and Exchange Commission rules and regulations, the GP may be deemed to have indirect beneficial ownership of the shares held by International GmbH.
- The Pre-Funded Warrant will not expire until exercised in full.

Remarks:

[/s/ Christoph Gauger,](#)
[Registered Manager](#)
[\(Prokurist\), the GP, /s/](#)
[Martin Bergmann,](#)
[Registered Manager](#)
[\(Prokurist\), the GP](#)

[07/07/2023](#)

[/s/ Frank Huebler,](#)
[Registered Manager](#)
[\(Prokurist\), International](#)
[GmbH, /s/ Dr. Martin](#)
[Schwarz, Registered](#)
[Manager \(Prokurist\),](#)
[International GmbH](#)

[07/07/2023](#)

** 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 5 (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.