

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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* <u>Apeiron Investment Group Ltd.</u>  (Last) (First) (Middle) 66 & 67, BEATRICE, AMERY STREET  (Street) SLIEMA OI SLM1707  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>ATAI Life Sciences N.V. [ ATAI ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 04/06/2022	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	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 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

**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 Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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 Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Call Option (right to purchase)	\$10.103	04/06/2022		P		1,000,000		03/31/2025	03/31/2025	Common Shares	1,000,000 <sup>(1)</sup>	\$0.9598	1,000,000	I	By Apeiron Investment Group Ltd.

1. Name and Address of Reporting Person* <u>Apeiron Investment Group Ltd.</u>  (Last) (First) (Middle) 66 & 67, BEATRICE, AMERY STREET  (Street) SLIEMA OI SLM1707  (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>Angermayer Christian</u>  (Last) (First) (Middle) 66 & 67, BEATRICE, AMERY STREET  (Street) SLIEMA OI SLM1707  (City) (State) (Zip)

**Explanation of Responses:**

1. On April 6, 2022, Apeiron Investment Group Ltd. ("Apeiron") finalized a capped call option transaction pursuant to which it shall have the right to purchase 1,000,000 Common Shares on March 31, 2025 at a price per share of \$10.1030. In the event the trading price of the Common Shares exceeds \$17.1751 on March 31, 2025, however, the number of shares that Apeiron shall be entitled to purchase pursuant to the option transaction shall be reduced proportionately to the amount by which such trading price exceeds \$17.1751. Apeiron may also elect to settle the option transaction in cash in certain circumstances.

**Remarks:**

Apeiron Investment Group Ltd. 04/07/2022  
 By: /s/ Julien Hofer, Director  
/s/ Christian Angermayer 04/07/2022  
 \*\* 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.