FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
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Name and Address of Reporting Person* JOHNSON SABRINA MARTUCCI				2. Issuer Name and Ticker or Trading Symbol ATAI Life Sciences N.V. [ATAI]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
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(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/23/2023								Officer below)	(give title	Other (s below)	specify	
C/O ATAI LIFE SCIENCES N.V.					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable				
WALLSTRASSE 16			4.	4. If Americanent, Date of Original Filed (Month/Day/Year)								Line)					
WILLSTRASSETO												X Form filed by One Reporting Person					
(Street)													Form f	iled by More th	nan One Repo	rting	
BERLIN	יוכ	Λſ	10170										Persor			3	
DEKLIN	BERLIN 2M 10179				Dula 10hF 1(a) Transaction Indication												
						Rule 10b5-1(c) Transaction Indication											
(City) (State) (Zip)							ant to a con	o a contract, instruction or written plan that is intended to									
				١L	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of	1. Title of Security (Instr. 3) 2. Transac													Ownership	7. Nature		
Date (Month/I				Execution Da			Transacti Code (Ins			str. 3, 4 an	d Securition Benefici			of Indirect Beneficial			
			, incline a yr i c		(Month/Day/Yea			",				Owned I	ollowing (i) (l	(Instr. 4)	Ownership		
								Code			(A) o	Price	Reporte Transac			Instr. 4)	
								Code	۷	Amount	unt (D) P		(Instr. 3				
		Т	able II - Der	rivative	Seci	urities	Aca	uired. Dis	spos	sed of	. or Ben	eficially	/ Owned				
		•						, options					· OIIIIou				
a Title of	•	0.7				·							0.000000	0 November of	140	44 Notes	
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Date	4. Trans	action	5. Number		6. Date Exercisable and Expiration Date 7. Title and Amount of				8. Price of Derivative	9. Number of derivative	10. Ownership	11. Nature of Indirect		
Security or Exercise (Month/Day/Year) if any (Month/Day/Year) Price of Derivative					Code (Instr.		ve	(Month/Day/Year) Securities Underlying				Security (Instr. 5)	Securities Beneficially	Form: Direct (D)	Beneficial Ownership		
					Acquire			Acquired Derivative Secu				Security	(111501.5)	Owned	or Indirect	(Instr. 4)	
	Security			(A) or Unstr. 3					(Instr. 3 a	(Instr. 3 and 4)		Following Reported		'			
					of (D)									Transaction(s)	s)		
					(Instr. 3, 4 and 5)								(Instr. 4)				
									T			Amount	1				
												or					
								Date	Exp	oiration		Number of					
				Code	V	(A)	(D)	Exercisable			Title	Shares					
Stock Option	\$1.88	05/23/2023		A		64,000		(1)	05/2	23/2033	Common Shares	64,000	\$0.00	64,000	D		

Explanation of Responses:

1. The stock option shall vest on the earlier of the day before the ATAI Life Sciences N.V's next annual meeting or May 16, 2024.

/s/ Ryan Barrett, Attorney-in-05/25/2023

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** 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.