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 OWNERSHI	Ρ
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	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average	burden							
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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

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1. Name and Address of Reporting Person* <u>Apeiron Investment Group Ltd.</u>				2. Issuer Name and Ticker or Trading Symbol ATAI Life Sciences N.V. [ATAI]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle) 66 & 67, BEATRICE, AMERY STREET					3. Date of Earliest Transaction (Month/Day/Year) 04/12/2022									Office below	er (give title v)		Other below)	(specify
(Street)	A 01	. S	LM1707	4.	4. If Amendment, Date of Original Filed (Month/Day/Yea						ay/Year))	6. Indiv Line)	Form	filed by On	e Rep	Filing (Check Applicable Reporting Person than One Reporting	
(City)	(St		Zip)															
1 Tido of	Caarreiter (Inca		2. Transacti		_			quire	d, D	· ·						ا د ۵	humorobin	7. Nature
1. Title of Security (Instr. 3)		Date (Month/Day)		zA. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		4. Securities Acqui Disposed Of (D) (Ir				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)			,	
Common Shares		04/12/20	022	122		P		55,197	A	\$4.8	836(1)	1,3	353,916		I	By Apeiron Presight Capital Fund II, L.P.		
		Tal	ble II - Derivat (e.g., p							posed of, convertil				Owne	d			
1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercis Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Trai	4. 5. Numb Transaction of Code (Instr. Derivati		Numberivative curities or sposed (D) str. 3, 4	er 6. Date Exe Expiration (Month/Dayes		ercisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)			Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
				Cod	de V	/ (A)	(D)	Date Exer	: rcisabl	Expiration e Date	Title	Amour or Number of Shares	er					
		Reporting Person* nent Group Lt	<u>d.</u>															
(Last) 66 & 67,		(First) E, AMERY STR	(Middle)															
(Street)	1	01	SLM1707															
(City)		(State)	(Zip)															
	nd Address of nayer Ch	Reporting Person* ristian																
(Last)		(First)	(Middle)															

Explanation of Responses:

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(State)

SLM1707

(Zip)

(Street) SLIEMA

(City)

^{1.} The price reported in Column 4 is a weighted average price. The common shares were purchased in multiple transactions at prices ranging from \$4.84 to \$4.90 per share. The reporting persons undertake to provide the Issuer, any securityholder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

<u>Apeiron Investment Group</u>

Ltd. By: /s/ Julien Hofer,

Director

/s/ Christian Angermayer 04/14/2022

04/14/2022

** Signature of Reporting Person Date

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

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.

^{*} 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).