FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ington, | D.C. | 20549 | | |
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| OMB APPR | ROVAL |
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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>Angermayer Christian</u> | | | | 2. Issuer Name and Ticker or Trading Symbol ATAI Life Sciences N.V. [ATAI] | | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | |
|--|--|--|---|--|--|--|-----|--|--------------|---|---|---|--|---|--|--|-----|
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/05/2024 | | | | | | | Officer (below) | give title | | Other (s below) | pecify | |
| 66 & 67, BEATRICE, AMERY STREET | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | 2 | Form fil | ed by One | Repo | rting Person | |
| SLIEMA | . 0 | 1 | SLM107 | | | | | | | | | | Form fil Person | ed by More | e than | One Report | ing |
| (City) | (S | tate) | (Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| | | | | | Check this box to indicate that a transaction was made pursuant to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | action 2A. Deemed Execution Date if any (Month/Day/Yea | | e, Transaction Disposed (Code (Instr. | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of ndirect Beneficial Dwnership Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) o (D) | r Price | Transaction (Instr. 3 a | on(s) | | | msu. 4) | | |
| | 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) | Cod | saction e (Instr. | 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) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Cod | e V | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | 5/1(5) | | |
| Stock Option | \$1.64 | 01/05/2024 | | A | | 642,000 | | (1) | 0 | 1/05/2034 | Common Shares | 642,000 | \$0 | 642,00 | 00 | D | |

Explanation of Responses:

1. The stock option will vest with respect to 25% of the shares on January 5, 2025, and will vest with respect to the remaining shares in 36 monthly installments thereafter.

/s/ Ryan Barrett, Attorney-in-01/09/2024 fact

** 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.