

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of Earliest Event Reported): July 28, 2017

MYND ANALYTICS, INC.

(Exact name of Company as specified in its charter)

Delaware
(State or other
jurisdiction of
incorporation)

001-35527
(Commission File No.)

87-0419387
(I.R.S. Employer
Identification No.)

26522 La Alameda
Mission Viejo, CA 92691
(Address of principal executive offices)

(949) 420-4400
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging Growth Company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 8.01. Other Events.

MYnd Analytics, Inc. (the "Company") has updated its investor presentation (the "Presentation"), which its senior management intends to use from time to time when interacting with investors and analysts, among others. The Company has posted the Presentation to its website. The Presentation may be accessed by going to the Company's investor relations website at <http://www.myndanalytics.com/investors.html> and selecting "Investor Presentation". The Presentation is also attached hereto as Exhibit 99.1 and is incorporated herein by reference.

Safe Harbor Statement

Statements contained in the exhibit to this report that state the Company's or its management's expectations or predictions of the future are forward-looking statements intended to be covered by the safe harbor provisions of the Securities Act of 1933, as amended, and the Securities Exchange Act of 1934, as amended. It is important to note that the Company's actual results could differ materially from those projected in such forward-looking statements. Factors that could affect those results include those mentioned in the documents that the Company has filed with the Securities and Exchange Commission.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

[99.1 Investor Presentation \(July 2017\)](#)

SIGNATURES

Pursuant to the Securities Exchange Act of 1934, as amended, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

MYnd Analytics, Inc.

July 28, 2017

By: /s/ Donald D'Ambrosio
Donald D'Ambrosio
Chief Financial Officer



*PREDICTIVE MEDICINE
FOR MENTAL HEALTH*

NASDAQ: MYND

*Investor Presentation
July 2017*



DISCLAIMER

This presentation contains "forward-looking statements" pursuant to the safe-harbor provisions of the Private Securities Litigation Reform Act of 1995 that include information relating to future events, future financial performance, strategies, expectations, competitive environment, regulation and availability of resources. These forward-looking statements include, without limitation, statements regarding: proposed new products or services; statements concerning projections, predictions, expectations, estimates or forecasts for our business, financial and operating results and future economic performance; statements of management's goals and objectives; trends affecting our financial condition, results of operations or future prospects; our financing plans or growth strategies; and other similar expressions concerning matters that are not historical facts. Words such as "may," "will," "should," "could," "would," "predicts," "potential," "continue," "expects," "anticipates," "future," "intends," "plans," "believes" and "estimates," and similar expressions, as well as statements in future tense, identify forward-looking statements.

Forward-looking statements should not be read as a guarantee of future performance or results, and will not necessarily be accurate indications of the times at, or by which, that performance or those results will be achieved. Forward-looking statements are based on information available at the time they are made and/or management's good faith belief as of that time with respect to future events, and are subject to risks and uncertainties described in our filings with the U.S. Securities and Exchange Commission, including our most recent reports on Forms 10-K, 10-Q and 8-K, that could cause actual performance or results to differ materially from those expressed in or suggested by the forward-looking statements.

Forward-looking statements speak only as of the date they are made. You should not put undue reliance on any forward-looking statements. We assume no obligation to update forward-looking statements to reflect actual results, changes in assumptions or changes in other factors affecting forward-looking information, except to the extent required by applicable securities laws. If we do update one or more forward-looking statements, no inference should be drawn that we will make additional updates with respect to those or other forward-looking statements.





INVESTMENT HIGHLIGHTS

Our Business

- MYnd Analytics is a predictive analytics company that develops decision support tools to guide personalized treatment of behavioral disorders, including depression, anxiety, bipolar disorder, and post-traumatic stress disorder (PTSD)

Our Technology Platform

- MYnd's Psychiatric Electroencephalography Evaluation Registry ("PEER") Report uses data from electroencephalogram (EEG) tests, outcomes and machine learning to identify endophenotypic markers of drug response
- This Big Data approach has allowed MYnd to generate a large clinical registry and database of predictive algorithms; 10,200+ patients & 38,000+ outcomes

Significant Market Opportunity

- Mental disorders have the highest worldwide disease burden, are the greatest cause of disability and one of the main reasons why people miss work
- \$21 billion is spent on mental health medications in 2015, making it the second most commonly prescribed therapeutics class

Comprehensive Solution

- MYnd has shown that when physicians utilize the PEER Report, there is a decrease in suicidality in patients that have served in the military, where there is a need for intervention
- Same day reports improve outcomes and reduce costs for patients

Coverage Continue to Expand

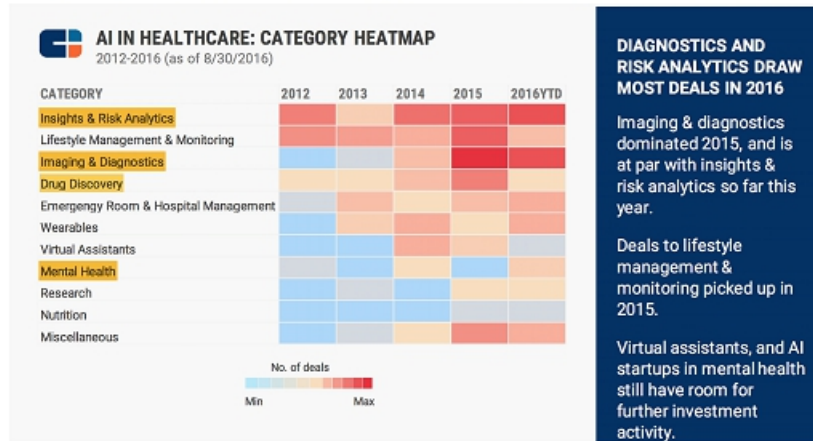
- Federal Mental Health Parity Act (2008)
- Expansion Benefits for Medicare (2008)
- Affordable care Act further coverage expansion (2010)
- 21st Century Cures (2016)





DIGITAL HEALTH CARE: INVESTMENTS

MYND is in one of the hottest areas of AI/digital health care





MENTAL HEALTH - INCIDENCE & COST



- Globally, an estimated 300 million people suffer from depression and 60 million have Bipolar affective disorder.⁽¹⁾
- Anxiety disorders are the most common mental illness in the U.S. affecting 40 million adults.⁽²⁾
- It is estimated that 129 million children globally have Attention-deficit/hyperactivity disorder (ADHD), representing 7.2% of the world's child population.⁽³⁾
- Eating disorders affect up to 24 million people in the U.S. (6.5 million U.S. adults suffer from binge eating) and 70 million people globally.⁽⁴⁾
- \$147 billion is spent in the U.S. treating mental health, while \$2.5 trillion is spent globally, with nearly 2/3 in indirect costs. The global cost is expected to increase to \$6 trillion by 2030.⁽⁵⁾⁽⁶⁾

(1) World Health Organization: <http://www.who.int/mediacentre/factsheets/fs306/en/>

(2) Anxiety and Depression Association of America: <https://www.adaa.org/about-adaa/press-room/facts-statistics>

(3) CHADD: The National Resource on ADHD: <http://www.chadd.org/Understanding-ADHD/About-ADHD/Data-and-Statistics/General-Prevalence.aspx>

(4) The Renfrew Center Foundation for Eating Disorders: "Eating Disorders 101 Guide: A Summary of Issues, Statistics and Resources," published September 2002, revised October 2003: https://www.ndsu.edu/fileadmin/info/ocounseling/Eating_Disorder_Statistics.pdf

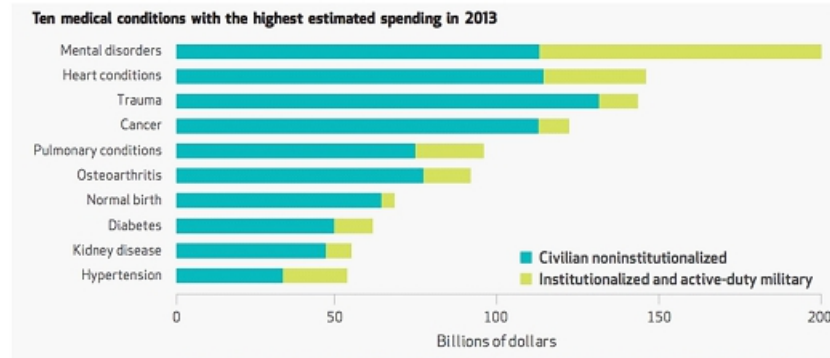
(5) Eating Disorder HOPE: <https://www.eatingdisorderhope.com/information/statistics-studies>

(6) National Institute of Mental Health: <https://www.nimh.nih.gov/about/directors/thomas-inseclblog/2015/mental-health-awareness-month-by-the-numbers.shtml>



MENTAL HEALTH & SUBSTANCE USE DISORDERS (MHSUD) U.S. SPENDING

- Mental disorders, including substance abuse, have the highest estimated annual health spending in the U.S.
- In 2013, healthcare spending on mental disorders reached **\$201 Billion**⁽¹⁾



(1) "Mental Disorders Top The List Of The Most Costly Conditions In The United States: \$201 Billion," Charles Roehrig, *Health Affairs*, May 2016.



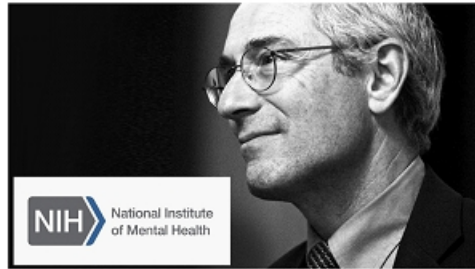
IMPACT OF MHSUD ON COMMON HIGH COST MEDICAL CONDITIONS IN 2012

Population	% with Behavioral Health (BH) Diagnosis	Per-member per-month (PMPM) cost without BH Diagnosis	PMPM with BH Diagnosis	Increase in Total PMPM with BH Diagnosis
<i>Commercial</i>	15%	\$340	\$941	276%
<i>Medicare</i>	9%	\$582	\$1429	245%
<i>Medicaid</i>	20%	\$381	\$1301	341%
<i>All Insurers</i>	14%	\$397	\$1085	273%

Source: Melek S., Norris D., Paulus J.: *Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry*. Prepared for APA; 2014, pp.1-39.



TRIAL AND ERROR PHARMACOTHERAPY



"Current medications are not sufficient for most patients... We still do not know who will respond to a specific treatment. Even for the fraction of patients who ultimately respond, clinicians often must resort to trial and error before finding a regimen that works, subjecting patients to potentially life-threatening delays, ineffective treatment, or adverse side effects."

*Thomas R. Insel, MD
2009-2010*





MENTAL HEALTH MEDICATIONS ARE SECOND MOST PRESCRIBED THERAPEUTIC CLASS

Dispensed Prescriptions					
<i>(in millions)</i>	2011	2012	2013	2014	2015
US Market	4,014	4,155	4,236	4,325	4,368
Antihypertensives	649	691	701	705	706
Mental Health	495	511	523	537	547
Pain	472	484	481	483	470

Source: IMS Health, National Prescription Audit, Dec. 2015.

\$21.2 billion

Annual U.S. drug spending for mental health in 2015

millions

of Americans have failed two or more therapeutics for mental illness and are considered resistant to treatment

\$8,500

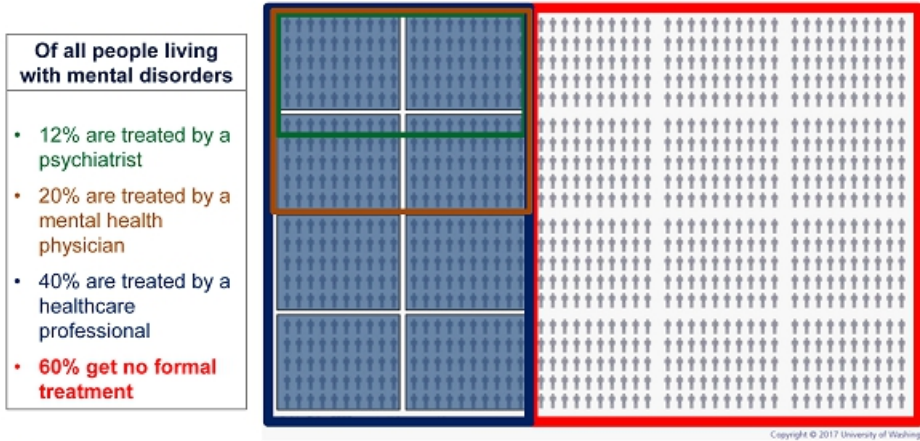
are the excess annual health care costs incurred by a patient not properly medicated





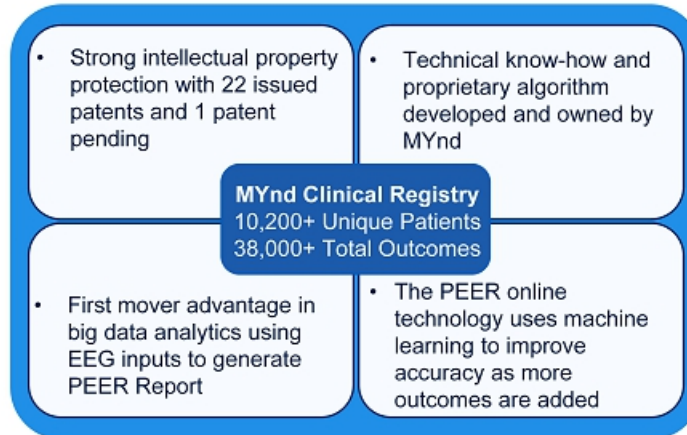
MENTAL HEALTH MARKET: SIGNIFICANT UNMET NEED

Most get no formal treatment





PROPRIETARY OUTCOMES REGISTRY





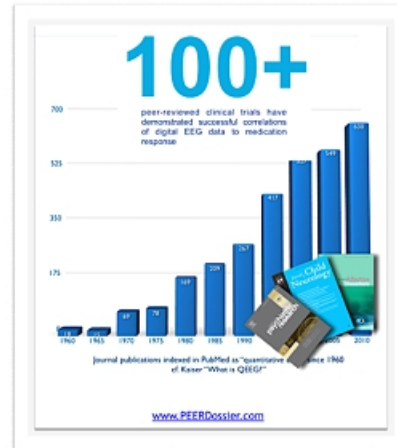
GROWING EVIDENCE

"EEG recording and analysis is currently experiencing a renaissance in interest and in both range and depth of applications, particularly in the search for endo-phenotypes and biomarkers for etiologic factors, individual diagnosis, risk for disorder, and treatment response."

Use of EEG Biomarkers in Child Psychiatry Research by S. Loo, A. Lenartowicz, S. Makeig June 23, 2015

"Predicting non-responders with an easy, relatively inexpensive, predictive, objective office procedure that builds upon clinical judgment to guide antidepressant choice."

*Charles DeBattista, MD
Stanford University School of Medicine*





TRIAL AND ERROR PHARMACOTHERAPY



"Technology can make a difference for mental health care. Digital phenotyping, like what PEER does with EEG, or with wearables or smartphone technology, can capture precise, continuous, objective measures of behavior... that's a game changer for Psychiatry, and actually for the whole field of mental health."

*Thomas R. Insel, MD
Former Director, Mental Health, Verily Life Sciences in April 2016*






CURRENT TECHNOLOGIES USED TO GUIDE TREATMENT

Category	Clinical Practice Application	Examples
Functional imaging	Identifies brain regions associated with cognitive impairments, hyper/hypoactivation; no regulatory clearance for MH	Amen Clinics
Pharmacogenomic (PGx) testing	CLIA Lab Developed Tests show activity of enzymes which impact drug metabolism (CYP450) and genetic anomalies	Assurex Health, Genomind, Pathway Genomics
EEG	Informatics that use output from existing tests combined with large patient registries to predict treatment outcomes	MYND Analytics




THE PROCESS

1



Patient and Doctor agree PEER is needed (can be a Psychiatrist or Primary Care Physician)

2




An EEG test measures the patient's unique brain patterns. The test is non-invasive, inexpensive, widely available and has a reimbursement code

3



Patient's EEG is compared to PEER database, which improves with each patient through machine learning

4

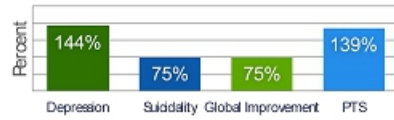


PEER Report is delivered to physician as a tool to select the most appropriate treatment for a particular patient based on their brain wave pattern



INTERIM FINDINGS FROM THE 4TH CLINICAL TRIAL – WALTER REED PEER TRIAL

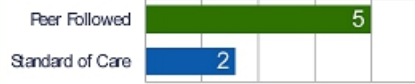
Improvement Over Standard of Care ⁽¹⁾



- 144% more improvement in QIDS-SR16 depression scores
- 75% greater improvement in CHRT-7S scores for suicidal ideation
- 139% greater improvement in PCL scores for PTSD

(1) VA/DOD Clinical Practice Guideline for Management of Major Depressive Disorder

Median Treatment Visits Over 6 Month Trial



- Patients had a median of 5 visits compared to 2 visits for patients whose physicians used PEER as compared to those that did not follow PEER

Patients whose physicians followed PEER had more statistically significant improvement than physicians who followed standard of care treatment based on VA/DOD Treatment Guidelines.

Neuropsychiatric Disease and Treatment, August 2016.



COMMERCIALIZATION STRATEGY

Managed Care



Payers and health systems seeking to improve clinical outcomes and lower health care costs

VA/Military



Where suicide rates are high and need for innovative and effective mental health care is high

Provider Direct



Multi-practitioner provider groups seeking to provide value-based care and cutting edge objective measurement tools that are reimbursed

Patient Direct



Refer patients from social media to MYND providers

Global



International – single payer countries

Billing CPT Codes: 95816, 95957, 99090

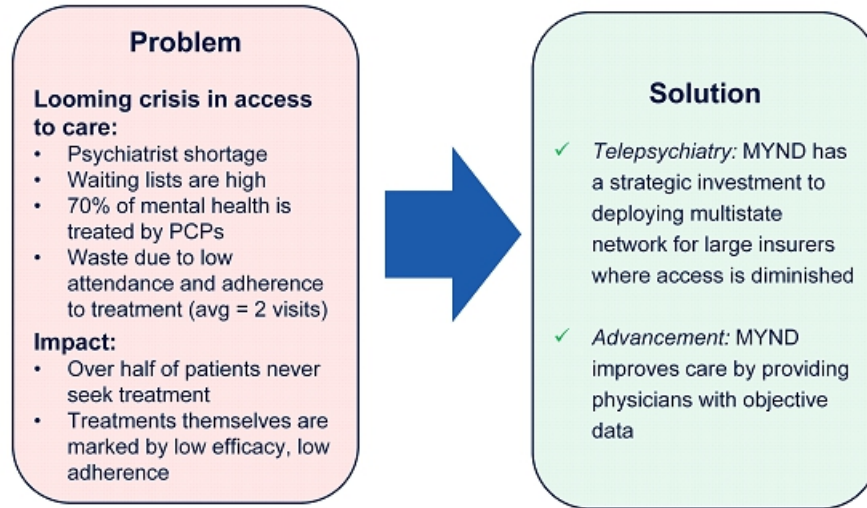


MILESTONES OVER NEXT 12 MONTHS

1	Establish <u>paid pilot program(s)</u> with managed care companies and health systems seeking to improve clinical outcomes and lower health care costs
2	Show <u>pharmacoeconomic benefits</u> when providers use the PEER report on-line tool
3	<u>Penetrate VA and Military</u> where suicide rates are high and need for innovative, improved access and effective mental health care is high
4	<u>Grow patient direct sales</u> through digital media buys continuing to scale and roll out PEER products in the United States
5	<u>Enhance services</u> through strategic transactions such as, genomics, telepsychiatry and drug discovery
6	Continue to <u>enroll patients in Canadian military trial</u> providing value-based care and cutting edge objective measurement tools in single payer system



ADDITIONAL SERVICE LINES





CAPITALIZATION

MYND Analytics Inc. Securities Issued	Shares (As of July 19, 2017)
<i>Common Stock Issued and Outstanding</i>	4,214,061
<i>Total Shares of Common Stock Underlying Issued Options</i>	353,546
<i>Total Shares of Common Stock Underlying Issued Warrants⁽¹⁾</i>	4,220,872
Fully Diluted	8,788,479

(1) Includes 2,539,061 shares of common stock issuable upon exercise of warrants to be distributed pursuant to a special warrant dividend declared by the company on July 13, 2017.



DIGITAL HEALTH CARE

In 2016 the 10 largest acquisitions brought in over **\$11B** for shareholders

Target	Acquired By	Acquisition Amount
Change Healthcare	McKesson	\$3.0B
Truven Analytics	IBM	\$2.6B
eResearchTechnology	Nordic Capital	\$1.8B
Netsmart Technologies	Allscripts	\$950M
Brightree	Resmed	\$800M
Imprivata	Thoma Bravo	\$544M
Assurex	Myriad Genetics	\$410M
Cardon Outreach	MedData	\$400M
Sequenom	Laboratory Corp	\$371M
Valence Health	Evolent Health	\$219M

Source: RockHealth, 2016

<https://rockhealth.com/reports/digital-health-exits-2016-ytd-112-digital-health-acquisitions-and-two-ipo/>





EXPERIENCED LEADERSHIP

Management Team

George C. Carpenter, IV – President & CEO

- Over 25 years of experience in healthcare technology and business development
- MBA in Finance from the University of Chicago, BA from Dartmouth College

Brian MacDonald – Chief Technology Officer

- Responsible for machine learning algorithms that form the core of the PEER reports
- MBA from the University of Pennsylvania, BS from the University of Alabama

Don D'Ambrosio – Chief Financial Officer

- Over 25 years of C-level public company experience
- BA from Temple University

Board of Directors

Robin L. Smith, MD, MBA – Chairman

- Former CEO of Neostem (now Caladrius)

Geoffrey E. Harris

- Portfolio manager at c7 Advisors

John Pappajohn

- Served as Director of 40+ companies in healthcare industry

Michal Votruba

- Director of the Gradus/RSJ Life Sciences Fund





KEY INVESTMENT THESIS

- **CLINICAL NEED:** Mental disorders are the greatest cause of disability and number one reason why people miss work
- **MARKET OPPORTUNITY:** \$21 billion are spent annually on mental health medications making them the second most commonly prescribed therapeutic class behind anti-hypertensives even though their efficacy is low
- **PRODUCT:** MYND Analytics provides a same day report to help physicians improve clinical outcomes and reduce costs for patients with mental health needs using non-invasive measure and has been shown to reduce suicidality
- **REIMBURSEMENT:** Coverage for mental health continues to expand and CPT codes exist for reimbursement
- **PROTECTION:** MYND Analytics has a robust clinical registry with a large database of predictive algorithms of drug response in mental health which has taken years to build and has 22 issued patents and 1 pending
- **EXPANSION:** Can expand offerings to clients such as genomics and telepsychiatry using existing platform
- **RESOURCES:** Recently completed \$8.79m financing and NASDAQ uplisting



CONTACT



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