

(Print or Type Responses)

1. Name and Address of Reporting Person*

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

| OMB APPROVAL | | | | |
|--------------------------|-----------|--|--|--|
| OMB Number: | 3235-0104 | | | |
| Estimated average burden | | | | |
| nours per response | | | | |

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

3. Issuer Name and Ticker or Trading Symbol

2. Date of Event Requiring

| Unanue Peter | | Statement (Month/Day/Year) | | MYnd Analytics, Inc. [MYND] | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|
| (Last) (First) (Middle) C/O MYND ANALYTICS, INC., 26: LA ALAMEDA, SUITE 290 | | 09/19/2017 | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director _Officer (give title below) Other (specify below) | | | 5. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person | | |
| (Street) MISSION VIEJO, CA 92691 | | | | | | | | | |
| (City) (State) (Zip) | | Table I - Non-Derivative Securities Beneficially Owned | | | | | ned | | |
| 1.Title of Security (Instr. 4) | | | nount of Secur ficially Owned (. 4) | 1 (| 3. Ownership Form: Direct (D) or Indirect (I) Instr. 5) | 4. Nature of I (Instr. 5) | Indirect | Beneficial Ownership | |
| Common Stock | | 38,100 | | | D | | | | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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 control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | 4) Expiration Date Securitie (Month/Day/Year) Securitie Derivativ | | 3. Title and A Securities Ur Derivative So (Instr. 4) | nderlying | 4. Conversion or Exercise Price of Derivative | Form of Derivative Security: | ve e | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shar | Security | Direct (D) Indirect (I (Instr. 5) | (Í) | | |
| Common Stock Warrants (right to buy) | 07/19/2017 | 07/19/2022 | Common Stock | 38,100 | \$ 5.25 | D | | | |

Reporting Owners

| | Relationships | | | | |
|----------------------------------------------------------------------------------------------------|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Unanue Peter C/O MYND ANALYTICS, INC. 26522 LA ALAMEDA, SUITE 290 MISSION VIEJO, CA 92691 | X | | | | |

Signatures

| /s/ Peter Unanue | 09/21/2017 |
|----------------------------------|------------|
| ***Signature of Reporting Person | Date |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.