

(Print or Type Responses)

1. Name and Address of Reporting Person\*

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

OMB APPROVAL				
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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

Thompson Tommy G	— Statemer — 08/26/2	it (Month/D	ay/Year	CNS RESPON	CNS RESPONSE, INC. [CNSO.OB]				
(Last) (First) (Middle) C/O CNS RESPONSE, INC., 2755 BRISTOL STREET, SUITE 285	08/20/2	.009		4. Relationship of Issuer (Check X Director	Reporting Person all applicable)	Filed(Mon	5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) COSTA MESA, CA 92626				Officer (give tit	Define the definition of the d	Applicable l _X_ Form fi	lual or Joint/Group Filing(Check Line) iled by One Reporting Person led by More than One Reporting Person		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)		ly Owned	*	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  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)	and Expirati	2. Date Exercisable and Expiration Date Month/Day/Year)		e and Amount of ties Underlying Derivativ Sy 4)	Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title 1	Amount or Number of Shares	Security	(D) or Indirect (I) (Instr. 5)			

## **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Thompson Tommy G C/O CNS RESPONSE, INC. 2755 BRISTOL STREET, SUITE 285 COSTA MESA, CA 92626	X				

### **Signatures**

/s/ Tommy Thompson	10/20/2009
**Signature of Reporting Person	Date

### **Explanation of Responses:**

#### No securities are beneficially owned

- \* 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.