FORM 4

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

OMB APPROVAL
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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).

STATEMENT OF CHANGES IN 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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|--|---|---------|--------------------------------------|---|----------|----------------|------------|--------|---|---|--------------------------|---|--|--|---|--|---------------------------------------|---------------------------|
| 1. Name and Address of Reporting Person* Carpenter George C IV | | | | 2. Issuer Name and Ticker or Trading Symbol CNS RESPONSE, INC. [CNSO] | | | | | | | mbol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | |
| (Last) (First) (Middle) C/O CNS RESPONSE, INC., 85 ENTERPRISE, SUITE 410 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/28/2012 | | | | | | X Officer (give title below) Other (specify below) Chief Executive Officer | | | | | | | | |
| (Street) ALISO VIEJO, CA 92656 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | | | |
| (City |) | (State) | (Zip) | | | Ta | able I | - Non | -Deri | ivative S | Securities | Acqu | ired, Disp | osed of, or l | Beneficially | Owned | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | any | ution Da | ition Date, if | (Instr. 8) | | etion | | | of (D) | Beneficia Reported | ant of Securities ally Owned Following d Transaction(s) and 4) | | Ownership of Form: | Beneficial | of Indirect Beneficial |
| | | | (Month/Day/Ye | | Year | | ode | V | Amoun | (A) or (D) | Price | (Instr. 3 a | Direct (D) or Indirect (I) (Instr. 4) | | | direct (Instr. 4) |) | |
| Common | Stock | | 11/27/2012 | | | | Α | (1) | | 56,250 | 0 A | \$ 1 | 1,283,12 | 21 | | D | | |
| | | | Table II -] | | | | | equire | conta the fo | ained in orm dis | n this for splays a | m are curre | e not requ ntly valid | | spond unle | ss | C 1474 (9-02) | , |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | n 3A. Deemed Execution Da any | 4. Transaction Code Year) (Instr. 8) | | 5. Number | | 6. Da | S. Date Exercisable and Expiration Date Month/Day/Year) | | 7. T Am Und Sec | Fitle and ount of derlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owner Form Deriva Securi Direct or Ind | of India Benefic Owners (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | V | (A) | (D) | Date Exerc | | Expiration Date | n Titl | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | | |
|--|---------------|--------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Carpenter George C IV C/O CNS RESPONSE, INC. 85 ENTERPRISE, SUITE 410 ALISO VIEJO, CA 92656 | X | X | Chief Executive Officer | | | | | |

Signatures

| /s/ George Carpenter IV | 12/18/2012 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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).
- (1) Stock was acquired pursuant to a Compensation Forfeiture and Exchange Agreement whereby \$56,250 of accrued and unpaid salary was forfeited in exchange for 56,250 shares of common stock.

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.