FORM	4
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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).

(Print or Type Re

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

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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

1. Name and Address of Reporting Person ⁺ SASSINE ANDY	2. Issuer Name and CNS RESPONSI			0,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) C/O CNS RESPONSE, INC., 85 ENT SUITE 410	TDDDDIGT	3. Date of Earliest Transaction (Month/Day/Year) 05/23/2013						Officer (give title below)Oth	er (specify belo	w)	
(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 Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)		Table I - N	on-D	erivative	Securitie	s Acqu	iired, Disposed of, or Beneficially Own	ed		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if (Month/Day/Year) (Month/Day/Year) Code (Instr. 8)		ion	(A) or Disposed of (D)		f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership		

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 SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number of		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		1 ()		(Instr. 3 and 4) (Instr. 5)		Beneficially	Derivative	Ownership			
	Derivative					or Disposed of					~	(Instr. 4)			
	Security					(D)					0	Direct (D)			
							instr. 3, 4,					-	or Indirect		
						and 5)	nd 5)					Transaction(s)	· · ·		
											Amount		(Instr. 4)	(Instr. 4)	
									Expiration	Title	or				
				a 1	x 7	(• >		Exercisable	Date		Number				
				Code	V	(A)	(D)				of Shares				
Option										a					
	\$ 0.0472	05/23/2013 ⁽¹⁾		А		250.000		<u>(2)</u>	12/10/2022	Common Stock	250.000	\$ 0	250,000	D	
Purchase		03/23/2013				,				Stock	,	+ -	,	_	
1 ur ondse															

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SASSINE ANDY C/O CNS RESPONSE, INC. 85 ENTERPRISE SUITE 410 ALISO VIEJO, CA 92656	Х						

Signatures

/s/ Andy Sassine	05/28/2013	
**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) The grant of these options under the Company's 2012 Omnibus Incentive Compensation Plan (as amended, the "Plan") was approved by the Company's board of directors on December 10, 2012, subject to stockholder approval of the Plan. The stockholders approved the Plan at the Company's Annual Meeting of Stockholders on May 23, 2013.

(2) These options vest pro rata over 36 months beginning on December 10, 2012.

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.