(Print or Type Respon

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response.. 0.5

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* TURNER RICHARD W | | | 2. Issuer Name and Ticker or Trading Symbol CNS RESPONSE, INC. [CNSO] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director10% Owner | | | | | | | |
|---|---|---|---|--|---|---|---|--|---|---|-------------------------------------|---------------------------------|--|---|---|
| (Last) (First) (Middle) C/O CNS RESPONSE, INC., 85 ENTERPRISE SUITE 410 | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2013 | | | | | | Officer (give | title below) | Othe | r (specify below |) | | |
| (Street) ALISO VIEJO, CA 92656 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | _X_ | 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 | (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acq | | | | | Acquired | uired, Disposed of, or Beneficially Owned | | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year | any | eemed ion Date, if n/Day/Year) | Code (Instr. | (| 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) | | C(D) Own Train | . Amount of Securities Ber Dwned Following Reported Transaction(s) Instr. 3 and 4) | | (F | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | |
| | | | | (IVIOIII | ii/Bay/Tear) | Cod | le V | | (A) or (D) | Price | , , | | | or Indirect (I) (Instr. 4) | |
| Reminder: I | Report on a s | eparate line for each | class of securities b | eneficial | ly owned di | rectly or | | | | 1 4 a 4 b a a a | llastian af | info | | d erec | 474 (0, 02) |
| Reminder: I | Report on a s | eparate line for each | | - Deriva | tive Securit | ies Acqı | Person in this a curre | ns who rest form are ently valid | not red OMB | quired to control r | respond u number. | | on containe form displa | | 474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date | Table II 3A. Deemed | - Deriva (e.g., pt 4. Transac Code | tive Securit uts, calls, w 5. Nun Deriva Securit) Acquir | ies Acquarrants, aber of tive ies ed (A) bosed of | Person in this a curred, Disp options, co | ns who re- form are ently valid posed of, or onvertible are ercisable are a Date | not red OMB Benefit securit nd | quired to control r | respond unumber. ned d Amount ring | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported | f 10. Ownersh Form of Derivativ Security: Direct (I or Indire | 11. Nat of Indir Benefic Owners (Instr. 4 |
| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date | Table II 3A. Deemed Execution Date, if any | - Deriva (e.g., pt 4. Transac Code | tive Securituts, calls, w 5. Nun Deriva Securit Acquir or Disp (D) (Instr.: | ies Acquarrants, aber of tive ies ed (A) bosed of | Person in this a curred, Disp options, co | ns who reiform are ently valid posed of, or onvertible are reisable and Date ay/Year) | not red OMB Benefit securit | quired to control r icially Ownies) 7. Title and of Underly Securities | respond unumber. ned d Amount ring | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following | f 10. Ownersh Form of Derivativ Security: Direct (I or Indire | 11. Nat of India Benefic Owner (Instr. 4 |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| TURNER RICHARD W C/O CNS RESPONSE, INC. 85 ENTERPRISE SUITE 410 ALISO VIEJO, CA 92656 | X | | | | | |

Signatures

| /s/ Richard Turner | 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).
- 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. |
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