FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
nours per response	e 0.5				

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

1 Name an															
1. Name and Address of Reporting Person* FOLLMAN ROBERT J				2. Issuer Name and Ticker or Trading Symbol CNS RESPONSE, INC. [CNSO]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner						
(Last) (First) (Middle) C/O CNS RESPONSE, INC., 85 ENTERPRISE, SUITE 410				3. Date of Earliest Transaction (Month/Day/Year) 08/16/2013					Office	r (give title belo	ow)	Other (specify	below)		
(Street) ALISO VIEJO, CA 92656				4. I1	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)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
(Instr. 3) Da		2. Transaction Date (Month/Day/Ye	Exec ar) any	Deemed cution Date, if	f Code (Instr. 8)		(A) or Disposed of (D (Instr. 3, 4 and 5)			Beneficially Owned Reported Transaction		Following n(s)	6. Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(IVIOI	nun/Day/ i ear	Code	: V	7 Amou	nt (A) or (D)	Price	Ì	(I)		or Indirect	(Instr. 4)
Common	n Stock		08/16/2013			J(1)		400,0	00 A	\$ 0.25	4,891,3	10		I	Trust (2)
							Pe	rsons w	ho respo	nd to	the collect	ction of inf	ormation	SEC	1474 (9-02)
			Table l		vative Securit		the	ntained e form di Disposed	in this for splays a of, or Ben	rm ar curre reficia	re not requently valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
Security		3. Transactic Date (Month/Day)	on 3A. Deem Execution any	ed Date, if	vative Securit puts, calls, w 4. Transaction Code (Instr. 8)	arrants, 5.	co the coption (N	ntained e form di Disposed	of, or Bentible securicisable	rm ar curre eficial rrities 7. 1 An Un- Sec (In: 4)	re not requently valid	OMB conf	spond unle trol numbe	of 10. Owners Form o y Derivat Security Direct (or Indir	11. Natur of Indirec Beneficia ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
FOLLMAN ROBERT J C/O CNS RESPONSE, INC. 85 ENTERPRISE, SUITE 410 ALISO VIEJO, CA 92656	X					

Signatures

/s/ Robert J. Follman	08/19/2013
**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) Purchased in a private placement of securities by the issuer.
- (2) Shares are held in the Declaration of Trust of Robert J. Follman and Carole A. Follman, dated August 14, 1979

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.