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 Pesponses)

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

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SEC 1474 (9-02)

### 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 Type Response	es)		1								
1. Name and Address of TIERNEY THOM	2. Issuer Name <b>and</b> Ticker or Trading Symbol CNS RESPONSE, INC. [CNSO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) C/O CNS RESPO ENTERPRISE, SU		(Middle) 85	3. Date of Earliest Transaction (Month/Day/Year) 02/12/2014						Officer (give title below)	Other (specify	below)
(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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)	ction	(A) or Dis	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 6. 7. Na Ownership Form: Bene Direct (D) or Indirect (Instr		
				Code	v	Amount	or (D)	Price		(I) (Instr. 4)	
Common Stock		02/12/2014		A <sup>(1)</sup>		400,000	А	\$ 0.25	6,803,349	Ι	Trust <sup>(2)</sup>

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 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		3. Transaction	3A. Deemed	4.	5	5.		6. Date Exer					9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	Numb	er	and Expiration	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	C	of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Ι	Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	Secur	ities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				A	Acqui	red			4)			Following	Direct (D)	
					(	(A) 01	•						Reported	or Indirect	
					Ι	Dispo	sed						Transaction(s)	(I)	
					С	of (D)							(Instr. 4)	(Instr. 4)	
					(	Instr.	3,								
					4	1, and	5)								
											Amount				
								D .	<b>.</b>		or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code V	7	(A)	(D)				Shares				

### **Reporting Owners**

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

## Signatures

/s/ Thomas T. Tierney	02/14/2014
**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 name of the Thomas T. and Elizabeth C. Tierney Family Trust of which Mr. Tierney is a trustee.

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.