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

1. Name and Address of Reporting Person * TIERNEY THOMAS T				2. Issuer Name and Ticker or Trading Symbol CNS RESPONSE, INC. [CNSO]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) C/O CNS RESPONSE, INC., 85 ENTERPRISE, SUITE 410					3. Date of Earliest Transaction (Month/Day/Year) 07/08/2014					-	Office	r (give title belo	ow)	Other (specify b	elow)	
(Street) ALISO VIEJO, CA 92656			4. If	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 Acqu						Acquir	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Deemed cution Date, if	Code (Instr. 8)		(A) or	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D)	Reported Transaction(s)		6. Ownership Form:	Beneficial		
				(Moi	nth/Day/Year	Cod	e V	(A) or (D) Prior		Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Commor	Stock		07/08/2014			A ⁽¹)	400,0	00 A		\$ 0.25	7,203,3	49		I	Trust (2)
Reminder:	Report on a s	separate line fo	or each class of s	curities	beneficially o	wned di	Pe	ersons w	ho re				ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line fo		I - Deriv	vative Securi	ies Acq	Pe co the	ersons wontained e form di	ho resin this	is forn ys a c r Bene	n are urren ficially	not requ tly valid	ired to res	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of	·	3. Transaction Date (Month/Day/	Table In 3A. Deem Execution Year)	I - Deriv (e.g.,) ed Date, if	vative Securi puts, calls, w	ies Acq arrants	Pecco the uired, optio	ersons wontained e form di	ho resin this isplay of, or rtible rcisablion Da	is form ys a c r Bene securi ble ate	ficially ities) 7. Tit Amou Unde Secur	not requ tly valid y Owned le and unt of rlying	OMB conf	spond unle	of 10. Owners: Form of Derivati Security Direct (i	11. Natu of Indire Benefici Ownersh (Instr. 4)

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	X				

Signatures

/s/ Thomas T. Tierney	07/09/2014
**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.