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

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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* PAPPAJOHN JOHN			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 _X_ 10% Owner						
(Last) (First) (Middle) C/O CNS RESPONSE, INC.,85 ENTERPRISE, SUITE 410			3. Date of Earliest Transaction (Month/Day/Year) 08/20/2015					-	Officer (give	title below)	Othe	(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	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				s Acquire	nired, Disposed of, or Beneficially Owned						
1.Title of So (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year		eemed tion Date, if h/Day/Year)	(Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D) Owned Follow				Ownership of Form:	7. Nature of Indirect Beneficial Ownership
				(WIOIII	ii/Day/Tear)	Cod	le V	Amount	(A) or (D)	Price	isti. 3 anu +)			or Indirect I) Instr. 4)	
Reminder: I	Report on a se	eparate line for each	class of securities be	eneficial	ly owned di	ectly or			espone	d to the c	collection of	informatio	on containe	d SEC 1	474 (9.02)
Reminder: I	Report on a se	eparate line for each		- Deriva	tive Securit	ies Acqı	Perso in this a curr uired, Disp	ns who re form are ently vali	not reid OME	equired to B control ficially Ov	collection of o respond u number.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	Table II	- Deriva (e.g., p 4. Transac Code	tive Securit uts, calls, w. 5. Num tion Deriva Securit) Acquir	ies Acquarrants, ber of iive ies ed (A) osed of	Perso in this a curr uired, Disp options, c 6. Date E: Expiration (Month/D	ns who re form are ently vali posed of, o convertible exercisable and Date	or Benefactor	equired to 3 control ficially Ov ties)	o respond u number. wned nd Amount lying	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nat of India 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., p 4. Transac Code	tive Securit uts, calls, w 5. Num Deriva Securit Acquir or Disp (D) (Instr.:	ies Acquarrants, ber of iive ies ed (A) osed of	Perso in this a curr uired, Disp options, c 6. Date E: Expiration (Month/D	ns who re form are ently valided on the convertible convertible and the convertible convertible and the convertible convertible and the convertible convertible and the convertible conver	e not re id OME or Bener e securi and	equired to 3 control ficially Ov ties) 7. Title ar of Underl Securities	o respond u number. wned nd Amount lying	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Na of Indi Benefic Owner (Instr.

Reporting Owners

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

Signatures

/s/ John Pappajohn	08/24/2015
**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.
- (1) These options vest pro rata over 36 months beginning on August 20, 2015.

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.