| 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).     |
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#### 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<br>Votruba Michal   | 2. Issuer Name and<br>CNS RESPONSI                             |  |   | ~ . |        | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>X Director 10% Owner |                               |   |  |   |  |
|---|--|--|---|-----|--------|--|-------------------------------|---|--|---|--|
| (Last) (First)<br>C/O CNS RESPONSE, INC., 85 I<br>SUITE 410 | 3. Date of Earliest Transaction (Month/Day/Year)<br>08/20/2015 |  |   |     |        |  | Officer (give title below)Oth | ner (specify belo   | w)                                     |   |  |
| (Street)<br>ALISO VIEJO, CA 92656                           |  | 4. If Amendment, Date Original Filed(Month/Day/Year)                             |   |     |        |  |                               | 6. Individual or Joint/Group Filing(Check Applicable Line)<br>_X_Form filed by One Reporting Person<br>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<br>(Instr. 3)                          | 2. Transaction<br>Date<br>(Month/Day/Year)                     |  | execution Date, if Code (A) or Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) |     |        |  |                               | 5. Amount of Securities Beneficially<br>Owned Following Reported<br>Transaction(s)<br>(Instr. 3 and 4)  | 6.<br>Ownership<br>Form:<br>Direct (D) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |
|   |  | (Wonth Day Tear)   | Code  | v   | Amount | (A) or<br>(D)  | Price                         | X Z   | or Indirect<br>(I)<br>(Instr. 4)       |   |  |

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 SEC 1474 (9-02) 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 | 2.   | 3. Transaction   | 3A. Deemed         | 4.         |     | 5. Number                   | of   | 6. Date Exer                | cisable and | 7. Title and    | Amount     | 8. Price of | 9. Number of                 | 10.               | 11. Nature  |
| Derivative  | Conversion   | Date             | Execution Date, if | Transact   | ion |                             |      | Expiration Date             |             | of Underlying   |            | Derivative  | Derivative                   | Ownership         | of Indirect |
| Security    | or Exercise  | (Month/Day/Year) | any                | Code       |     | Securities (Month/Day/Year) |      | Securities                  |             | Security        | Securities | Form of     | Beneficial                   |                   |             |
| × /         | Price of   |                  | (Month/Day/Year)   | (Instr. 8) |     | Acquired (A)                |      | (Instr. 3 and 4) (Instr. 5) |             | 2               |            | Ownership   |                              |                   |             |
|             | Derivative   |                  |                    |            |     | or Dispose                  | d of |                             |             |                 |            |             |                              | -                 | (Instr. 4)  |
|             | Security   |                  |                    |            |     | (D)                         |      |                             |             |                 |            |             | 0                            | Direct (D)        |             |
|             |  |                  |                    |            |     | (Instr. 3, 4                | ,    |                             |             |                 |            |             | -                            | or Indirect       |             |
|             |  |                  |                    |            |     | and 5)                      |      |                             |             |                 |            |             | Transaction(s)<br>(Instr. 4) | (1)<br>(Instr. 4) |             |
|             |  |                  |                    |            |     |                             |      |                             |             |                 | Amount     |             | (11150.4)                    | (11150.4)         |             |
|             |  |                  |                    |            |     |                             |      |                             | Expiration  | 1 itle          | or         |             |                              |                   |             |
|             |  |                  |                    | Cele       | v   | (4)                         |      | Exercisable                 | Date        |                 | Number     |             |                              |                   |             |
|             |  |                  |                    | Code       | v   | (A)                         | (D)  |                             |             |                 | of Shares  |             |                              |                   |             |
| Option      |  |                  |                    |            |     |                             |      |                             |             | Common          |            |             |                              |                   |             |
| to          | \$ 0.055   | 08/20/2015       |                    | Α          |     | 250,000                     |      | <u>(1)</u>                  | 08/19/2025  | Common<br>Stock | 250,000    | \$ 0        | 250,000                      | D                 |             |
| Purchase    |  |                  |                    |            |     | ,                           |      |                             |             | Stock           | ,          |             | ,                            |                   |             |
|             |  |                  |                    |            |     |                             |      |                             |             |                 |            |             |                              |                   |             |

## **Reporting Owners**

|   | Relationships |              |         |       |  |  |  |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |  |
| Votruba Michal<br>C/O CNS RESPONSE, INC.<br>85 ENTERPRISE, SUITE 410<br>ALISO VIEJO, CA 92656 | Х             |              |         |       |  |  |  |

## Signatures

| /s/ Michal Votruba              | 09/24/2015 |
|---------------------------------|------------|
| **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. 78ff(a).
- (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.

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