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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|---|---|--|---------------------------|---|--------------------|----------|-------|---|----------------------|---|------------------------------|--|---|--|--|---|--|-----------|
| 1. Name and Address of Reporting Person * FOLLMAN ROBERT J | | | | 2. Issuer Name and Ticker or Trading Symbol MYnd Analytics, Inc. [CNSO] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | | | |
| (Last) (First) (Middle) C/O MYND ANALYTICS, INC., 26522 LA ALAMEDA, SUITE 290 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/05/2016 | | | | | | Office | r (give title belo | ow) | Other (speci | fy belo | w) | | | |
| (Street) MISSION VIEJO, CA 92691 | | | | 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) | | Ta | able I - | - Non | -Der | rivative | Seci | urities | Acqu | ired, Disp | osed of, or I | Beneficially | Owned | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execut | | Code (Instr. 8) | | tion | (A) or Disposed of (Instr. 3, 4 and 5) | | | | Beneficia Reported | ount of Securities icially Owned Following ted Transaction(s) | | Ownership Form: | | 7. Nature of Indirect Beneficial Ownership | |
| | | | (Month/Day/Year | | Co | de | V | Amoui | nt | (A) or (D) | Price | (Instr. 3 a | 3 and 4) | | or Indire (I) (Instr. 4) | direct (Instr. | | |
| Common Stock 04/05/2016 | | 04/05/2016 | | | Α | 1 | | 250,00 | 250,000 A | | \$ 0 | 6,741,310 | | | I | T | Trust (1) | |
| | | | | | tive Securit | | quire | cont the t d, D | tained i form dis | in the | nis for ays a o or Ben | m arc curre eficia | e not requently valid | ction of inf uired to res OMB conf | spond unle | | | |
| 1. Title of | 2. | 3. Transactio | | e.g., pu | | 5. | s, op | | ate Exer | | | | itle and | 8. Price of | 9. Number | of 10. | | 11. Natur |
| Derivative Security | Conversion or Exercise Price of Derivative Security | | Execution Da Year) any | | | | | and Expiration Date (Month/Day/Year) | | | Am Und Sec | ount of derlying urities etr. 3 and | (Instr. 5) | | Owners Form Deriv Secur Direct or Inc | of vative rity: et (D) direct | (Instr. 4) | |
| | | | | | Code V | (A) | (D) | Date Exe | e rcisable | | piration te | Titl | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| FOLLMAN ROBERT J C/O MYND ANALYTICS, INC. 26522 LA ALAMEDA, SUITE 290 MISSION VIEJO, CA 92691 | X | X | | | | | |

Signatures

| /s/ Robert J. Follman | 04/07/2016 |
|---------------------------------|------------|
| **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) Shares are held in the Declaration of Trust of Robert J. Follman and Carole A. Follman, dated August 14, 1979 of which Mr. Follman 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.