FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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* GIN JERRY B						2. Issuer Name and Ticker or Trading Symbol VistaGen Therapeutics, Inc. [VTGN]								eck all applic	cable) or	g Person(s) to Iss		wner
(Last) (First) (Middle) C/O VISTAGEN THERAPEUTICS, INC. 343 ALLERTON AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 05/31/2017 4. If Amendment, Date of Original Filed (Month/Day/Year)								below)			Other (s below)	
(Street) SOUTH SAN FRANCISCO CA 94080					_ 4.1	IT AM	enament, I	Date o	i Origina	Filed	(Month/Da	Line	i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																		
		Tab	le I - Nor	n-Deri	vativ	e Se	curities	s Acc	quired,	Dis	posed o	f, or Be	neficiall	y Owned				
Da				Date	saction n/Day/Yo		2A. Deemed Execution Date if any (Month/Day/Yea		3. Trans Code r) 8)		Dispose	ties Acquir d Of (D) (Ins		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) o (D)	r Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 05/31/						2017			P		50,00	0 A (1)		50,000		I		By Jermax, LLC ⁽²⁾
Common Stock 05/31/						17			P		50,00	0 A	(3)	100,000				By Spouse ⁽⁴⁾
		-	Гable II -									or Ben		Owned				
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiratio (Month/D	n Date	of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e O s Fe ally D o g (!)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Warrant ⁽¹⁾	\$4	05/31/2017			P		25,000		12/01/20	17 0	4/30/2021	Common Stock	25,000	\$0	25,00	00	I	By Jermax, LLC ⁽²⁾
Warrant ⁽³⁾	\$4	05/31/2017			P		25,000		12/01/20	17 0	14/30/2021	Common	25,000	\$0	50,00	00	I	By Spouse ⁽⁴⁾

Explanation of Responses:

- 1. Reporting Person purchased fifty thousand (50,000) Units, at a per-Unit cost of two dollars (\$2.00), in the Issuer's private placement, each Unit consisting of one (1) share of unregistsered Common Stock and a warrant to purchase one-half (0.5) share of unregistered Common Stock at an exercise price of \$4.00 per share.
- 2. Jermax, LLC is wholly owned and controlled by the Reporting Person.
- 3. Reporting Person's spouse purchased fifty thousand (50,000) Units, at a per-Unit cost of two dollars (\$2.00), in the Issuer's private placement, each Unit consisting of one (1) share of unregistered Common Stock and a warrant to purchase one-half (0.5) share of unregistered Common Stock at an exercise price of \$4.00 per share.
- 4. Shares are held by Pegmax, LLC, which is wholly owned and controlled by the Reporting Person's spouse, Margaret P. Gin.

/s/ Jerrold D. Dotson, Attorneyin-Fact 06/01/2017

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.