FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL				
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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*  DOTSON JERROLD DUANE		Requiring Statement (Month/Day/Year)  VistaGen Therapeutics, Inc. [ VSTA ]						
(Last) (First) (Middle) C/O VISTAGEN THERAPEUTICS, INC.			Relationship of Reporting Person(s) to (Check all applicable)  Director  10%		r (M	5. If Amendment, Date of Original Filed (Month/Day/Year)		
384 OYSTER POINT BLVD. SUITE 8  (Street)	_		X Officer (give title below)  ACTING CF	Other (spe below)	6. I Ap	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
SOUTH SAN FRANCISCO CA 94080						Form filed b Reporting P	oy More than One Person	
(City) (State) (Zip)								
	Table I - Non	-Derivativ	e Securities Beneficially	y Owned				
1. Title of Security (Instr. 4)	Table I - Non	2. A	Amount of Securities neficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	t (D) (Ins		t Beneficial Ownership	
1. Title of Security (Instr. 4)	Table II - D	2. A Ber Perivative \$	Amount of Securities neficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	et (D) (Ins		t Beneficial Ownership	
Title of Security (Instr. 4)      Title of Derivative Security (Instr. 4)	Table II - D	2. A Ber Perivative S S, warrant isable and	Amount of Securities neficially Owned (Instr. 4) Securities Beneficially (	3. Ownersh Form: Direct or Indirect (Instr. 5)  Owned securitie	et (D) (Ins	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Jerrold D. Dotson</u> <u>09/20/2011</u>

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).