FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 1 | ONB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | | |

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

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 | | | | | 2. Issuer Name and Ticker or Trading Symbol VistaGen Therapeutics, Inc. [VTGN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | vner | |
|---|---|------------|---|---------|--|--|------|--|-------|----------------------|---|---------------------------------|---|---|--|----------------|--|--|--|
| (Last) (First) (Middle) C/O VISTAGEN THERAPEUTICS, INC. 343 ALLERTON AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/05/2018 | | | | | | | | X Officer (give title Officer (specify below) CFO AND SECRETARY | | | | | эр с опу | |
| (Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | · | | | | | |
| | | Та | ble I - Non | -Deriva | tive S | ecuritie | s Ac | quire | d, Di | sposed o | of, or B | enefici | ally | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date (Month/t | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | r, Transaction Dis | | on Dispose | Securities Acquired (A) posed Of (D) (Instr. 3, 4 | | | 5. Amoun Securities Beneficial Owned Fo | s Ily | Form (D) or | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Cod | de V | Amount | (A) or (D) | | е | Reported Transaction (Instr. 3 and | ion(s) | | | (Instr. 4) | |
| | | | Table II - D | | | | | | | posed of converti | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Cod | saction e (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Cod | e V | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amour or Number of Sha | er | | Transaction(s) (Instr. 4) | | | | |
| Stock Option (Right to Buy) | \$1.27 | 08/05/2018 | | A | | 100,000 | | (1) |) | 08/05/2028 | Common Stock | 100,0 | 000 | \$0 | 100,00 | 00 | D | | |

Explanation of Responses:

1. 25% of the Shares subject to the Option shall vest on Vesting Start Date August 5, 2018, and 1/24th of the remaining Shares subject to the Option shall vest on each monthly anniversary of the Vesting Start Date thereafter

/s/ Jerrold D. Dotson

08/06/2018

** 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.