FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPR	OMB APPROVAL						
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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* RICE A. FRANKLIN	2. Date of Event Requiring Stateme (Month/Day/Year) 05/11/2011	g Statement Day/Year) <u>Excaliber Enterprises, Ltd.</u> [EXCA]						
(Last) (First) (Middle) CO/VISTAGEN THERAPEUTICS, INC.			Relationship of Reporting Personneck all applicable) Director	10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
384 OYSTER POINT BLVD, NO. 8	_		X Officer (give title below) CHIEF FINANCIAL	Other (spe below) OFFICER	6. Ap	6. Individual or Joint/Group Filing (Check Applicable Line)		
SOUTH SAN FRANCISCO CA 94080	_						y One Reporting Person y More than One verson	
(City) (State) (Zip)								
	Table I - Non-	-Derivative	e Securities Beneficial	y Owned				
1. Title of Security (Instr. 4)	Table I - Non-	2. Ar	e Securities Beneficial mount of Securities eficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	cṫ (D) (Ins	ature of Indirect tr. 5)	Beneficial Ownership	
1. Title of Security (Instr. 4)	Table II - De	2. Ar Bend	mount of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	et (D) (Ins		Beneficial Ownership	
Title of Security (Instr. 4) Title of Derivative Security (Instr. 4)	Table II - De	erivative S s, warrants	mount of Securities eficially 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/ A. Franklin Rice</u> <u>05/25/2011</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.

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