FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|------------------|------------|-----------------|------------------|

| | Check this box if no longer subject to | | | | | | | |
|--------|--|--|--|--|--|--|--|--|
| | Section 16. Form 4 or Form 5 | | | | | | | |
| \cup | obligations may continue. See | | | | | | | |
| | Instruction 1(b). | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| UMB APPR | UVAL | | | | |
|--------------------------|-----------|--|--|--|--|
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| Estimated average burden | | | | | |
| hours per response: | 0.5 | | | | |

| 1. Name and Address of Reporting Person* MCPARTLAND MARK A. | | | VistaGen Therapeutics, Inc. [VTGN] (Check a | | | | | | | | elationship o ck all applica Director | able) | g Perso | on(s) to Issu | | | | |
|--|--|--|--|------------------------------|--|---------|-----|--|---|--------------------|---|---|---|--|------------------------------|--|--|-----|
| | | | | | | | | | | | | |) , | Officer (| (give title | | Other (s | · I |
| (Last) | (F | irst) | (Middle) | Ì | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | \neg | below) VP CORPORATE DEVELOPMENT | | | | | | |
| C/O VISTAGEN THERAPEUTICS, INC. | | | | 10/21/2019 | | | | | | | vi don | Cluiri | J DL (| LLOTIVE | | | | |
| 343 ALLERTON AVENUE | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| SOUTH | SAN C | | 0.4000 | | | | | | | | | | Line, | | ed by One | e Repo | rting Persor | , |
| FRANCI | ISCO C. | A | 94080 | | Form filed by More than One Person | | | | | | | One Repor | ting | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | Code (Instr. | | | Beneficia Owned Fo | s Form ally (D) o collowing (I) (Ir | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | | de V | Amour | nt (A) or P | | Price | Reported Transacti (Instr. 3 a | ion(s) | | | Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Yo | Date, Transacti Code (Ins | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | of S Und Der | 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 | le V | (A) | (D) | Date Exerc | isable | Expiration Date | Titl | e | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Stock Option (Right to Buy) | \$1.41 | 10/21/2019 | | A | | 100,000 | | (1 | 1) | 10/21/202 | | mmon tock | 100,000 | \$0 | 100,0 | 00 | D | |

Explanation of Responses:

1. 25% of the Shares subject to the Option shall vest on date of grant October 21, 2019, and 1/24th of the remaining Shares subject to the Option shall vest on each monthly anniversary of the grant date thereafter.

/s/ Jerrold D. Dotson, Attorneyin-Fact 10/22/2019

** 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.