FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours ner resnonse. | | | | | | | | |

| | tion 1(b). | nuc. See | | Filed | pursua or Se | nt to S ction 3 | ection 16 80(h) of th | 6(a) o | of the Soverthe | ecuriti nt Cor | ies Exchange npany Act of | e Act of f 1940 | 1934 | | | nours | per res | sponse: | 0.5 |
|---|---|--|-----------------|---|---|--------------------|---|------------------------|--|-------------------|------------------------------|--|--------------------|--|-----|--|---------|---|--|
| 1. Name and Address of Reporting Person* Smith Mark Alan | | | | | 2. Issuer Name and Ticker or Trading Symbol VistaGen Therapeutics, Inc. [VTGN] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | wner |
| (Last) (First) (Middle) C/O VISTAGEN THERAPEUTICS, INC. 343 ALLERTON AVENUE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2020 | | | | | | | | X Officer (give title Other (specify below) below) CHIEF MEDICAL OFFICER | | | | | | | |
| (Street) SOUTH FRANCE | ISCO CA | | 14080 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ine) X I | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities A | Acq: | uired, | Dis | posed of, | , or B | enefic | ially C | wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | | · | 3. 4. Securities Acquired (Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) 5) | | | | 4 and Secu Bene Own | | ially Following | Form: Direct | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | , т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | ommon Stock | | | 06/30/2020 | | 0 | | A | | 5,000(1) | A | \$0. | 448 | 5,000 | | D | | | |
| | | Tal | ble II - | | | | | | | | osed of, on the convertible | | | | nec | ı | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ercise (Month/Day/Year) if any of (Month/Day/Year) ative | | ion Date, | Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | ive ies ed ed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y C | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Date Exercisable

Expiration Date

Explanation of Responses:

1. Shares purchased under the Vistagen Therapeutics, Inc. 2019 Employee Stock Purchase Plan ("ESPP") on June 30, 2020.

/s/ Jerrold D. Dotson, 07/01/2020 Attorney-in-Fact

** Signature of Reporting Person

of Shares

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.