FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB 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

| Name and Address of Reporting Person* O'Toole David D | | | | | 2. Issuer Name and Ticker or Trading Symbol Capnia, Inc. [CAPN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|--|--|--|--------------------|--|--|---|----------------------------------|-------------------------------------|--|---|---|---------------|---------------|---|---|--|--|---|
| (Last) (First) (Middle) 3 TWIN DOLPHIN DRIVE, SUITE 160 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/14/2015 | | | | | | | | | belov | 10 | | , |
| (Street) REDWOO CITY (City) | WOOD CA 94065 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | · I | . Indiv ine) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | ear) if | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Ac Disposed Of (D) | | | | | | 5. Am Secur Benef Owne | ties F cially (I I Ir | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Re Tra | | rted saction(s) . 3 and 4) | (msu. 4) | (111501. 4) |
| Common Stock 09/14/2013 | | | | | | .5 | | | P | | 7,500 | A | \$2.38 | 2.3847 ⁽¹⁾ | | 22,750 | D | |
| | 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) | erivative Conversion Date Execution or Exercise (Month/Day/Year) if any | | cution Date, ny | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, and 5) | | ative rities ired rosed | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | Secu (Inst | vative | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.38 to \$2.39, inclusive. The reporting person undertakes to provide to Capnia, Inc., any security holder of Capnia, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote (1) on this Form 4.

Remarks:

<u>/s/ David O'Toole</u> <u>09/14/2015</u>

** 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.