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

| 1. Name and Address of Reporting Person*  MARIO ERNEST                           |                                                                                                                                              |                                            |                                                             |                                  |          | 2. Issuer Name and Ticker or Trading Symbol Capnia, Inc. [ CAPN ]                       |  |  |                                                                                                      |       |               |                                                                                                                  |        |                            | neck all ap                                                 | ionship of Reporti<br>all applicable)<br>Director              |                                                   | rson(s) to                                                          |                                                                    |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|----------------------------------|----------|-----------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------|-------|---------------|------------------------------------------------------------------------------------------------------------------|--------|----------------------------|-------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|
| (Last)                                                                           | (Fir                                                                                                                                         | ,                                          | 3. Date of Earliest Transaction (Month/Day/Year) 10/06/2016 |                                  |          |                                                                                         |  |  |                                                                                                      |       |               |                                                                                                                  |        | Officer (give title below) |                                                             | Other<br>below)                                                | (specify                                          |                                                                     |                                                                    |
| 1235 RADIO ROAD, SUITE 110                                                       |                                                                                                                                              |                                            |                                                             |                                  |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                |  |  |                                                                                                      |       |               |                                                                                                                  |        |                            | 6. Individual or Joint/Group Filing (Check Applicable Line) |                                                                |                                                   |                                                                     |                                                                    |
| (Street)                                                                         |                                                                                                                                              |                                            |                                                             |                                  |          |                                                                                         |  |  |                                                                                                      |       |               |                                                                                                                  |        |                            | X For                                                       | n filed by On                                                  | e Rep                                             | orting Pers                                                         | son                                                                |
| REDWO<br>CITY                                                                    | OD CA                                                                                                                                        | 9                                          | 4065                                                        |                                  |          |                                                                                         |  |  |                                                                                                      |       |               |                                                                                                                  |        |                            |                                                             | Form filed by More than One Reporting<br>Person                |                                                   |                                                                     |                                                                    |
| (City)                                                                           | (St                                                                                                                                          | ate) (Z                                    | Zip)                                                        |                                  |          |                                                                                         |  |  |                                                                                                      |       |               |                                                                                                                  |        |                            |                                                             |                                                                |                                                   |                                                                     |                                                                    |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                                                                                                                              |                                            |                                                             |                                  |          |                                                                                         |  |  |                                                                                                      |       |               |                                                                                                                  |        |                            |                                                             |                                                                |                                                   |                                                                     |                                                                    |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)                   |                                                                                                                                              |                                            |                                                             |                                  |          | Execution Date,                                                                         |  |  | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securities Acquired<br>Disposed Of (D) (Instr.<br>and 5) |       |               |                                                                                                                  |        | Secu<br>Bene<br>Owne       | ficially                                                    | Forr<br>(D) c                                                  | wnership<br>m: Direct<br>or<br>rect (I)<br>tr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |                                                                    |
|                                                                                  |                                                                                                                                              | Code                                       | v                                                           | Amount                           | (A<br>(C |                                                                                         |  |  | () or<br>()                                                                                          | Price | Repo<br>Trans |                                                                                                                  | (IIIst | u. 4)                      | (111501. 4)                                                 |                                                                |                                                   |                                                                     |                                                                    |
| Common Stock 10/06/2                                                             |                                                                                                                                              |                                            |                                                             |                                  |          | 2016                                                                                    |  |  | A                                                                                                    |       | 15,62         | 5                                                                                                                | A      | \$0.0                      | 00 1,                                                       | 779,262                                                        |                                                   | D                                                                   |                                                                    |
|                                                                                  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                            |                                                             |                                  |          |                                                                                         |  |  |                                                                                                      |       |               |                                                                                                                  |        |                            |                                                             |                                                                |                                                   |                                                                     |                                                                    |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | 2. Conversion or Exercise Price of Derivative Security                                                                                       | 3. Transaction<br>Date<br>(Month/Day/Year) | if any                                                      | emed<br>ion Date,<br>n/Day/Year) |          | sinsaction of de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  |  | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date           |       |               | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amoun or Numbe of Title Shares |        | str.                       | 8. Price<br>of<br>Derivative<br>Security<br>(Instr. 5)      | f derivative<br>Perivative Securities<br>Pecurity Beneficially |                                                   | 0.<br>Ownership<br>Form:<br>Direct (D)<br>Or Indirect<br>I) (Instr. | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |

Explanation of Responses:

Remarks:

/s/ David O'Toole, Attorneyin-Fact 10/10/2016

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).