FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.O. 2004 | , |
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OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | |
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| Estimated average burd | 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* Parsley Edwin L. | | | | | 2. Issuer Name and Ticker or Trading Symbol Mast Therapeutics, Inc. [MSTX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--|--|----------------|---|---|--|--------------|---------------------|---|--|---|--|---|--|---------------------------------------|------------|--|--|
| (Last) 12390 E | ` | irst) REAL, SUITE | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2014 | | | | | | | Officer (give title below) Chief Medical Officer & SVP | | | | | | |
| (Street) SAN DII (City) | | | 92130 (Zip) | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Y Form fil Form fil | ual 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 | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transaction Date (Month/Day/ | Execution Date, | | Code (Instr. | | | 5. Amour Securities Beneficia Owned For | s lly ollowing | 6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4) | et l | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) o (D) | r Price | Transacti (Instr. 3 a | on(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) | if any | Execution Date, if any (Month/Day/Year) | | Derivative Securities (Month/Day/Year) Operical Control of Substitution Date (Month/Day/Year) Und Deri | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | kpiration ate | Title | Amount or Number of Shares | | Transactio (Instr. 4) | m(s) | | | |
| Employee Stock Option (Right to Buy) | \$0.59 | 10/01/2014 | | A | | 600,000 | | (1) | 10 |)/01/2024 | Common Stock | 600,000 | \$0.00 | 600,000 |) | D | | |

Explanation of Responses:

1. This option vests and becomes exercisable as to 1/4th of the total number of shares subject to this option on October 1, 2015 and as to 1/48th of the total number of shares subject to this option monthly thereafter for the 36 months following October 2015, subject to the reporting person's continued service with the issuer.

Remarks:

/s/ Brandi L. Roberts, Attorneyin-Fact for Edwin L. Parsley 10/02/2014

** 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.