# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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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 OF SECURITIES

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

(Print or Type Responses)  1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading Symbol					:	5. Relationship of Reporting Person(s) to Issuer						
Emry Kent			BioCorRx Ir	BioCorRx Inc. [BICX]						(Check all applicable) _X_ Director 10% Owner					
(Last) (First) (Middle) 2390 EAST ORANGEWOOD AVENUE, SUITE 575			3. Date of Earliest Transaction (Month/Day/Year) 03/31-05:00/2020						Office	r (give title belo	ow)	Other (specify be	elow)		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					-	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
ANAHE.	IM, CA 92	(State)	(Zip)												
` -		(State)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owner											
1.Title of S (Instr. 3)	Title of Security nstr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		f Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficial Reported	nt of Securities ally Owned Following I Transaction(s)		Ownership Form:	Beneficial	
					Code	V	(A) or Amount (D) Price		nd 4)	d 4)		Ownership (Instr. 4)			
	Stock, par	r value	03/31- 05:00/2020			A <sup>(1)</sup>		2,641	A	\$ 0	78,883			D	
\$0.001 Reminder:	Report on a s	separate line fo	r each class of secu	rities beneficially	/ owi		Perso	ons who	o respor			ction of inf			474 (9-02)
	Report on a s	separate line fo	r each class of secu Table II -	Derivative Secu	ritie	es Acquire	Perso conta the fo	ons who ained in orm disp	respor this for plays a o	m are currer eficiall	not requ itly valid	ired to res	ormation spond unle rol numbe	ss	474 (9-02)
Reminder:  1. Title of Derivative Security	•	3. Transaction Date (Month/Day/Y	Table II -  3A. Deemed Execution Day	Derivative Secu (e.g., puts, calls,	SAA	es Acquire crants, op	Perso conta the fo ed, Dis tions, 6. Da and E (Mon	ons who ained in orm disp	o respor this for plays a o f, or Bendible securion isable in Date	eficiallities) 7. Ti Amo Unde	not required the and count of earlying	OMB conf	spond unle	of 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natu of Indire Beneficie Ownersh (Instr. 4)

### Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Emry Kent 2390 EAST ORANGEWOOD AVENUE SUITE 575 ANAHEIM, CA 92806	X					

# **Signatures**

/s/ Kent Emry	04/02-05:00/2020
***Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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).
- These shares were issued to Mr. Emry pursuant to a Director Agreement, dated March 1, 2019, by and between BioCorRx Inc. and Mr. Emry. As compensation for his services, Mr. Emry shall be issued, upon the last day of each fiscal quarter, provided Mr. Emry is a member of the Board as of such date, the number of shares of the Company's common stock equivalent to \$5,000 as determined based on the average closing price on the three trading days immediately preceding the last day of such quarter. The average closing price on the three trading days immediately preceding the date of this transaction was \$1.89.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.