FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL
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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

1. Name and Address of Reporting Person * GALLIGAN JOSEPH J			2. Issuer Name and Ticker or Trading Symbol BioCorRx Inc. [BICX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) (First) (Middle) 2390 EAST ORANGEWOOD AVENUE, SUITE 500				3. Date of Earliest Transaction (Month/Day/Year) 12/31-05:00/2021							er (give title belo		Other (specify b	pelow)	
(Street) ANAHEIM, CA 92806				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						
(City	')	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				Acqui	ired, Disp	osed of, or l	Beneficially (Owned			
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	if Co (In	f Code (Instr. 8)		n 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)			Following (s)	Ownership Form:	7. Nature of Indirect Beneficial
						Code	V	Amoun	(A) or (D)	Price	(msur. 3 a	nu +)			Ownership (Instr. 4)
Common \$0.001	1 Stock, pa	r value	12/31- 05:00/2021		1	A (1)		1,141	A	\$ 0	36,389			D	
Common Stock, par value \$0.001		r value	03/31- 05:00/2022			4 ⁽²⁾		1,408	A	\$ 0	37,797		Б	D	
]	Гable II - Deriv			quire	conta the f	ained ir orm dis Pispose	n this for splays a d of, or	rm are curre Bene	e not requestion not requestion to the notice of the notic	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
	I.	l		outs, calls, wa	1	ts, op						l. n	l	a l 4 a	Tar se :
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Ye	Year) Execution Da	4. Transactior Code Year) (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	itle and bunt of erlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (1 or Indire	Owners (Instr. 4 D)	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
GALLIGAN JOSEPH J 2390 EAST ORANGEWOOD AVENUE SUITE 500 ANAHEIM, CA 92806	X	X				

Signatures

/s/ Joseph J. Galligan	04/05-05:00/2022
**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. Galligan pursuant to a Director Agreement, dated February 16, 2021, by and between BioCorRx Inc. and Mr. Galligan. As compensation for his services, Mr. Galligan shall be issued, upon the last day of each fiscal quarter, provided Mr. Galligan 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 \$4.38.
- These shares were issued to Mr. Galligan pursuant to the Director Agreement referenced in footnote 1. The average closing price on the three trading days immediately preceding the date of this transaction was \$3.55.

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.