FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
stimated average burden					
ours per respon	se 0.5				

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

Name and Address of Reporting Person * ANDRADE Jorge Jr					2. Issuer Name and Ticker or Trading Symbol BioCorRx Inc. [BICX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
PO BOX)	(First)	(Middle)	3. Date of Earliest Transactio 08/27-05:00/2014				on (Month/Day/Year)			X_ Direct	tor r (give title belo	 ow)	Other (specify	below)		
(Street)				4. If Ar	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form fil	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
SANTA /	ANA, CA 92704 ity) (State) (Zip) Table L N				Non.	on-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
(Instr. 3) Date (Month/Day/Year)		any		3. Transaction Code (Instr. 8)			(A) or Disposed of (Instr. 3, 4 and 5) (A) or		equired	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6.	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common	Stock		/27- :00/2014			S		<u> </u>	10,000	. ,	\$ 0.130	11 212	570		D		
Common	Stock		/28- :00/2014			S	S		10,000	D	\$ 0.125	11,202,	570		D		
Common	Stock		/29- :00/2014			S	S		20,000	D	\$ 0.126	11,182,	570		D		
Reminder: indirectly.	Report on a	separate line for e	each class of sec	urities be	neficially	owned		Per con	sons wh	n this	form a	to the colle are not req rently valid	uired to re	spond un	less	EC 1474 (9- 02)	
					ve Securit							ially Owned	l				
Security	Conversion Date Execu or Exercise (Month/Day/Year) any		3A. Deemed Execution D any	4. Vate, if Co	te, if Transaction of Code D (Instr. 8) S (A D O O O O O O O O O O O O O O O O O O		of		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. All (Month/Day/Year) See See See See See See See See See Se			Title and mount of nderlying ecurities nstr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Security Direct (or Indir))	
					Code V	(A)	(D)	Da: Exe		Expirat Date	tion Ti	Amount or Number of Shares					
Repor	ting O	wners			·							·			•		

Reporting Owner Name / Address	Relationships						
1		10% Owner	Officer	Other			
ANDRADE Jorge Jr							
PO BOX 5366	X						
SANTA ANA, CA 92704							

Signatures

/s/ Jorge Andrade	09/03-05:00/2014
**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).

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.