FORM 4	4
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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).					

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

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02)

#### 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 Respon 1. Name and Address	· · ·	Darson *	2. Issuer Name	and Tieker	or T	rading Si	mbol		5 Relationship of Reporting Pers	on(s) to Issu	er
ANDRADE Jorge	BioCorRx Inc.		01 1	rading Sy	111001		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
PO BOX 5366	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/17-05:00/2014					-	Officer (give title below)	Other (specify b	below)
SANTA ANA, CA	(Street) 92704		4. If Amendment,	Date Origi	inal I	Filed(Mont	h/Day/Ye	ar) -	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)	(City) (State) (Zip) <b>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b>										
(Instr. 3) Da		Date (Month/Day/Year)		Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	Beneficial
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownershij (Instr. 4)
Common Stock		09/17- 05:00/2014		S		60,000	D	\$ 0.0949	11,057,570	D	
Common Stock		09/18- 05:00/2014		S		40,000	D	\$ 0.102	11,017,570	D	
Common Stock		09/19- 05:00/2014		S		10,000	D	\$ 0.102	11,007,570	D	
Common Stock		09/22- 05:00/2014		S		20,000	D	\$ 0.096	10,987,570	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Nui	nber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on	of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Deriva	ative	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Securi	ities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acqui	red			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					(A) or	·			4)			Following	Direct (D)	
						Dispo	sed						Reported	or Indirect	
						of (D)							Transaction(s)	(I)	
						(Instr.	-						(Instr. 4)	(Instr. 4)	
						4, and	5)								
											Amount				
								Date	Expiration		or				
								Exercisable	•	Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

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

### **Signatures**

/s/ Jorge Andrade	09/22-05:00/2014
Signature of Reporting	Date
Person	

# **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.