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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| DMB Number: | 3235-0287 | | | | | |
| Estimated 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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | |
|--|-------------|--|---|---|---|---------|-----|------------|---|------------------|--|--|--------------------------------------|---|---|----------------------------|
| 1. 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) X Director 10% Owner | | | | |
| PO BOX | | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 10/06-05:00/2014 | | | | | | | r (give title belo | | Other (specify l | pelow) | | |
| (Street) SANTA ANA, CA 92704 | | | 4. If A | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | nr) | 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) | | Ta | ble I - | Non | -Der | ivative S | Securitie | s Acqui | red, Disp | osed of, or | Beneficially | Owned | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. 8) | | v | (A) or E | 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) (A) or Amount (D) P | | Beneficia Reported | Amount of Securities eneficially Owned Following eported Transaction(s) astr. 3 and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common | Stock | | 10/06- 05:00/2014 | | | S | S | | 20,000 | D | \$ 0.1118 | 10,767, | 570 | | D | |
| Common | Stock | | 10/07- 05:00/2014 | | | S | S | | 20,000 | D | \$ 0.11 | 10,747, | 570 | | D | |
| Reminder: indirectly. | Report on a | separate line | for each class of sec | urities b | peneficially | owned | | Per: | sons wh | n this f | orm are | e not req | uired to re | oformation espond un espond unb | less | EC 1474 (9- 02) |
| | | | Table II - | | ive Securit | | | , | | | | ly Owned | I | | | |
| Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day | on 3A. Deemed Execution D any | l 2 Pate, if | | | of | | r 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Ta Amo Und Secu | , | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | ve Ownership (Instr. 4) |
| | | | | | Code V | (A) | (D) | Dat Exe | te ercisable | Expirati Date | ion Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | |

| Barrella Orana Nama / A 11 | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| ANDRADE Jorge Jr PO BOX 5366 SANTA ANA, CA 92704 | X | | | | | | |

Signatures

| /s/ Jorge Andrade | 10/09-05:00/2014 |
|-------------------------------|------------------|
| 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.