# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

riiii oi 1y	pe Response	S)														
Name and Address of Reporting Person * muller neil terrence mr					2. Issuer Name and Ticker or Trading Symbol BioCorRx Inc. [BICX]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner X_ Officer (give title below) Other (specify below)  President				
(Last) (First) (Middle) 13231 SANDHURST PLACE					3. Date of Earliest Transaction (Month/Day/Year) 09/30-05:00/2014											
(Street) SANTA ANA, CA 92705				4. If	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 Acquired, Disposed of, or Beneficially Owned												
(Instr. 3) Date (Month/Day/Year)		Execu any	eemed tion Date, if	Code (Instr. 8)	ction	(A) or Disposed of (Instr. 3, 4 and 5)		(D) Benefici Reported		unt of Securities ially Owned Following ad Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial			
			(Mont	(Month/Day/Year)		v	V Amoun		(A) or (D)	Price	(Instr. 3 and 4)				Ownership (Instr. 4)	
Common Stock		09/30- 05:00/2014			S		1,250,0	000		\$ 0.08	11,250,000			D		
Reminder: indirectly.	Report on a s	separate line	for each class of se	curities	beneficially	owned dir	Per con	sons wh	in th	is forr	n are	not req	uired to re	formation espond unl atrol numb	ess	EC 1474 (9- 02)
			Table II		itive Securi uts, calls, w							ly Owned				
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day	Execution	d Date, if	4. Transaction Code	5. Numb	Da	Date Exer d Expirati Ionth/Day	rcisa ion D //Yea	ble Date ar)	7. Tir Amo Unde Secu (Instr 4)	ount of erlying	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	ve Ownership : (Instr. 4) O)
					Code V	(A) (D	)					Shares				

#### **Reporting Owners**

Daniel Carron Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
muller neil terrence mr 13231 SANDHURST PLACE SANTA ANA, CA 92705	X		President				

### **Signatures**

/s/ Neil Muller	11/13-06:00/2014
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.