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

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

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

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				~ ·				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director10% Owner				
(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/29-06:00/2019					X Officer (give title below) Other (specify below)  CFO and COO						
	4. If Amendment, Date Original Filed(Month/Day/Year)				-	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Zip)	Т	able I	- Non	-Deriva	tive S	ecurities	Acqui	red, Disp	osed of, or l	Beneficially (	Owned	
2. Transaction Date (Month/Day/Year	any	if Code (Instr. 8)					of (D)	d 5. Amount of Securities			Ownership Form:	7. Nature of Indirect Beneficial
	(Month/Day/Yea		ode	V A	mount	(A) or (D)	Price	(Instr. 3 a	nd 4)		or Indirect (I)	Ownership (Instr. 4)
03/29- 06:00/2019		A	(1)	1,	,241	A	\$ 0	26,241			D	
Table II -	Derivative Securi	ies Ac	1	the forr	n dis	plays a	currer	ntly valid	OMB con			
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Execution D any	rate, if Transaction Code	Number of		and Expiration Date (Month/Day/Year)		Amo Unde Secu	ount of erlying rities	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported	Ownersh Form of Derivativ Security: Direct (I or Indire	Beneficial Ownership (Instr. 4)	
						Expiration		Amount or Number				
	(Middle)  (Zip)  2. Transaction Date (Month/Day/Year)  03/29- 06:00/2019  e for each class of secution Table II -  tion SA. Deemed Execution D any/Year)	(Middle) 3. Date of Earlies 03/29-06:00/2 4. If Amendment,  (Zip) 2. Transaction Date (Execution Date, i any (Month/Day/Year)  03/29- 06:00/2019  Table II - Derivative Securit (e.g., puts, calls, way/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)	BioCorRx Inc. [BIO]   3. Date of Earliest Trans     03/29-06:00/2019     4. If Amendment, Date of Execution Date, if any (Month/Day/Year)     03/29-   06:00/2019     2. Transaction   Execution Date, if any (Month/Day/Year)     03/29-   06:00/2019     2	BioCorRx Inc. [BICX]  3. Date of Earliest Transaction 03/29-06:00/2019  4. If Amendment, Date Origin  2. Transaction Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  2. Transaction Date, if any (Month/Day/Year)  Code  03/29- 06:00/2019  4. If Amendment, Date Origin  3. Transaction Code (Instr. 8)  Code  4. [1]  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, option any (Month/Day/Year)  (Month/Day/Year)  Table II - Derivative Securities Acquire (a.g., puts, calls, warrants, option any (Month/Day/Year)  (Instr. 8)	BioCorRx Inc. [BICX]  3. Date of Earliest Transaction (Month 03/29-06:00/2019  4. If Amendment, Date Original Filed 2. Transaction Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  2. Transaction Execution Date, if any (Month/Day/Year)  Code V A  03/29- 06:00/2019  4. If Amendment, Date Original Filed 3. Transaction 4. Code (Instr. 8)  Code V A  03/29- 06:00/2019  Code V A  Person Contain the forr  Table II - Derivative Securities Acquired, Disposed of (D) (Instr. 8)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Instr. 8)  Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, dequired (A) or Disposed (A) (Instr. 3, dequired (A) (Instr. 3, dequired (A) (Instr. 4, dequired (A) (Instr.	BioCorRx Inc. [BICX]  3. Date of Earliest Transaction (Month/Day, 03/29-06:00/2019  4. If Amendment, Date Original Filed(Month, Date of Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  2. Transaction Execution Date, if (Instr. 8)  (Month/Day/Year)  Code V Amount (Instr. 8)  Code V Amount (Instr. 8)  Code V Amount (Instr. 8)  Fersons where contained in the form dis (Month/Day/Year)  Table II - Derivative Securities Acquired, Disposed of (Execution Date, if Transaction (Month/Day/Year)  Table II - Derivative Securities Acquired, Disposed of (Month/Day/Year)  (Month/Day/Year)  BioCorRx Inc. [BICX]  3. Date of Earliest Transaction (Month/Day, and Securities Acquired, A Securities (Month/Day/Year)  A (II)  Table II - Derivative Securities Acquired, Disposed of (D) (Instr. 8)  Code of (D) (Instr. 3)	BioCorRx Inc. [BICX]  3. Date of Earliest Transaction (Month/Day/Year) 03/29-06:00/2019  4. If Amendment, Date Original Filed(Month/Day/Year)  2. Transaction Date Execution Date, if (Month/Day/Year)  2. Transaction Date Execution Date, if (Month/Day/Year)  2. Transaction Date Execution Date, if (Month/Day/Year)  3. Transaction Code (A) or Disposed (Instr. 8)  Code V Amount (D)  3/29- 06:00/2019  4. 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	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Felix Lourdes 2390 EAST ORANGEWOOD AVENUE SUITE 575 ANAHEIM, CA 92806	X		CFO and COO			

# **Signatures**

/s/ Lourdes Felix	04/02-06:00/2019			
***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 Ms. Felix pursuant to a Director Agreement, dated March 1, 2019, by and between BioCorRx Inc. and Ms. Felix. As compensation for her services, Ms. Felix shall be issued, upon the last day of each fiscal quarter, provided Ms. Felix 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 \$4.03.

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.