## FORM 4

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

OMB APPROVAL
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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).

#### 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   | s)                               |   | 1   |                 |              |  |                    |                 |  | -  |                        |   |  |                         |  |
|--|---|----------------------------------|---|---|-----------------|--------------|--|--------------------|-----------------|--|--|------------------------|---|--|-------------------------|--|
| 1. Name and Address of Reporting Person * Felix Lourdes              |   |                                  |   | 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 |                        |   |  |                         |  |
| (Last) (First) (Middle)<br>2390 EAST ORANGEWOOD, SUITE 575           |   |                                  |   | 3. Date of Earliest Transaction (Month/Day/Year) 03/31-05:00/2020 |                 |              |  |                    |                 | X Officer (give title below) Other (specify below) President and COO   |  |                        |   |  |                         |  |
| (Street) ANAHEIM, CA 92806   |   |                                  |   | 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)                                   |   | Ta              | able I       | - Non  | -Deriv             | ative S         | Securities   | Acqui  | ired, Disp             | osed of, or l   | Beneficially (   | Owned                   |  |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year) |   | 2A. Deemed<br>Execution Date, if |   | Code<br>(Instr. 8)  |                 | etion 4      | (A) or Disposed of (D<br>(Instr. 3, 4 and 5) |                    | uired<br>of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)   |  | 6. Ownership of Form:  | Beneficial  |  |                         |  |
|  |   |                                  |   | (Month/Da   | Month/Day/Year) |              | ode  | V                  | Amoun           | (A) or (D)   | Price  | (Instr. 3 a            | nd 4)   |  | Ownership<br>(Instr. 4) |  |
| Common \$0.001   | Stock, pa   | r value                          | 03/31-<br>05:00/2020                    |   |                 | A            | <u>(1)</u>                                   | 2                  | 2,641           | A  | \$ 0   | 33,463                 |   |  | D                       |  |
|  |   |                                  |   | Derivative S  |                 |              | t<br>cquire                                  | the for<br>d, Disp | m dis           | splays a<br>of, or Ben   | currer<br>eficial  | ntly valid             |   | spond unle<br>trol numbe   |                         |  |
|  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                                  | Date Execution D<br>Month/Day/Year) any | 4. Transaction Code (Instr. 8)                                    |                 | 5.<br>Number |  | (Month/Day/Year)   |                 | 7. Ti<br>Amo<br>Undo<br>Secu   | itle and<br>bunt of<br>erlying<br>urities<br>r. 3 and  | Derivative<br>Security | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownersh<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire | et                      |  |
|  |   |                                  |   |   |                 | 4, and       | 13)  |                    |                 |  |  |                        |   |  |                         |  |

#### **Reporting Owners**

|   | Relationships |              |                   |       |  |  |  |
|---|---------------|--------------|-------------------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer           | Other |  |  |  |
| Felix Lourdes<br>2390 EAST ORANGEWOOD<br>SUITE 575<br>ANAHEIM, CA 92806 | X             |              | President and COO |       |  |  |  |

#### **Signatures**

| /s/ Lourdes Felix                | 04/02-05:00/2020 |
|----------------------------------|------------------|
| ***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 \$1.89.

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.