SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

			The investment company Act of 1					
Ally Bridge LB Healthcare Master	2. Date of Event Requiring Statement (Month/Day/Year) 08/09/2017		3. Issuer Name and Ticker or Trading Symbol <u>BIOCEPT INC</u> [BIOC]					
(Last) (First) (Middle) UNIT 1602, 16/F, WHEELOCK HOUSE			4. Relationship of Reporting Person(s) to Is (Check all applicable) Director X 10% C		r (M	5. If Amendment, Date of Original Filed (Month/Day/Year)		
20 PEDDER STREET, CENTRAL (Street)			Officer (give title below)	Other (spec below)	6.1	plicable Line) Form filed by	/Group Filing (Check	
HONG KONG						X Form filed by Reporting Pe	y More than One erson	
(City) (State) (Zip)								
T	Table I - No	on-Deriva	tive Securities Beneficial	ly Owned				
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownershi Form: Direc or Indirect ((Instr. 5)	t (D) (Instr. 5)			
Common Stock ⁽¹⁾⁽²⁾			3,147,667	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security	y (Instr. 4) Conve or Exe			6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security			
Warrant ⁽¹⁾⁽²⁾	(3)	(4)	Common Stock	1,434,639	1.5	D		
1. Name and Address of Reporting Person* <u>Ally Bridge LB Healthcare Master Fun</u> (Last) (First) (Middle) UNIT 1602, 16/F, WHEELOCK HOUSE 20 PEDDER STREET, CENTRAL (Street) HONG KONG		_						
(City) (State) (Zip)		-						
1. Name and Address of Reporting Person [*] Ally Bridge LB Management Ltd								
(Last) (First) (Middle) UNIT 1602, 16/F, WHEELOCK HOUSE 20 PEDDER STREET, CENTRAL)							
(Street) HONG KONG		-						
(City) (State) (Zip)								
1. Name and Address of Reporting Person [*] <u>Yu Fan</u>								
(Last) (First) (Middle) UNIT 3002-3004,30TH FLR,GLOUCESTER T THE LANDMARK,15 QUEENS ROAD CENT	OWER	_						

(Street) HONG KONG			
(City)	(State)	(Zip)	
1. Name and Addre Li Bin	ess of Reporting P	erson*	
(Last) UNIT 1602, 16/ 20 PEDDER ST			
(Street) HONG KONG			
(City)	(State)	(Zip)	

Explanation of Responses:

1. Ally Bridge LB Healthcare Master Fund Limited (the "Master Fund") directly holds the Common Stock and Warrant. Ally Bridge LB Management Limited ("LB Management") owns the sole voting share of the Master Fund. Mr. Fan Yu and Mr. Bin Li are the shareholders and directors of LB Management, LB Management, by virtue of it being the holder of the sole voting share of the Master Fund, and each of Mr. Yu and Mr. Li, by virtue of being a shareholder and director of LB Management, may be deemed to have voting control and investment discretion over the shares held by the Master Fund. Each of LB Management, Mr. Yu and Mr. Li disclaims beneficial ownership of such securities, except to the extent of their pecuniary interest therein, if any. This Form 3 shall not be deemed an admission that any of them are the beneficial owners of, or have any pecuniary interest in, such securities for any purposes.

2. (Continued from Footnote 1) By virtue of the transactions described in that certain statement on Schedule 13D/A filed on August 17, 2017, by the Reporting Persons, pursuant to Section 13(d)(3) of the Securities Exchange Act of 1934 (the "Exchange Act"), the Reporting Persons may, based on facts described elsewhere in the Schedule 13D/A, be considered to be a "group"; however, neither the filing of this Form 3 nor any of its contents shall be deemed to constitute an admission by such persons that such a group exists.

3. The Warrants are exercisable at any time after their original issuance.

4. The Warrants will expire five years from the date of their original issuance.

Remarks:

<u>Ally Bridge LB Healthcare</u>		
Master Fund Limited, /s/ Bin	<u>08/17/2017</u>	
<u>Li, Director</u>		
<u>Ally Bridge LB Management</u>	08/17/2017	
Limited, /s/ Bin Li, Director	00/17/2017	
<u>/s/ Fan Yu</u>	<u>08/17/2017</u>	
<u>/s/ Bin Li</u>	08/17/2017	
** Signature of Reporting Person	Date	

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

* If the form is filed by more than one reporting person, see Instruction 5 (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.

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 Number.