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

Name and Address of Reporting Person* Taylor Darrell			2. Date of E Requiring S (Month/Day 02/14/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol BIOCEPT INC [BIOC]					
(Last) (First) (Middle) C/O BIOCEPT				Relationship of Reporting Issuer (Check all applicable) Director	Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) SAN DIEGO (City)	CA (State)	92121 (Zip)			X Officer (give title below) Sr. V.P., Genera	Other (specify below)		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)					· o		<u> </u>		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					d. Amount of Securities Beneficially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative So (Instr. 4)				5. Ownership Form:	Ownership (Instr.
			Date	Expiration		Amount or Number of	Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

/s/ Darrell Taylor

** Signature of Reporting

Date

03/16/2022

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.