FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person*  HALE DAVID F						2. Issuer Name <b>and</b> Ticker or Trading Symbol BIOCEPT INC [ BIOC ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner     Officer (give title Other (specify))				
	O BIOCEPT, INC.						3. Date of Earliest Transaction (Month/Day/Year) 04/30/2019									below)	респу	
5810 NANCY RIDGE DRIVE #150						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) SAN DIEGO CA 92121			92121										X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(S	tate)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/D.					ear) i	2A. Deemo Execution f any Month/Da	Date	Code (In:	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		Benefici Owned F	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	,	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	4. Trans Code r) 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ve es For ially or ing d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$0.91	04/30/2019		A		30,000		(1)	04	/29/2029	Common Stock	30,000	\$0.00	30,000	0	D		
Employee Stock Option (right to buy)	\$1.02	06/17/2019		A		500		(2)	06.	/16/2029	Common Stock	500	\$0.00	500		D		

## **Explanation of Responses:**

1. The option was granted on 4/30/19, but was contingent on shareholder approval of an increase in the shares issuable under the Issuer's 2013 Amended and Restated Equity Incentive Plan at the Issuer's annual meeting of stockholders held on 6/17/19, and therefore for purposes of Section 16 the option was not "acquired" until such stockholder approval was obtained. 25% of the shares subject to the option shall vest on the first annual anniversary of the Vesting Commencement Date (4/30/19) with the balance vesting in equal monthly installments thereafter until fully vested on 4/30/23

2. The shares subject to the option shall be 100% vested and exercisable on June 17, 2020.

## Remarks:

/s/ Michael W. Nall, Attorneyin-fact

06/18/2019

\*\* 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 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.

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.