FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average h | nurden | | | | | | | |

0.5

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

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* Neff Edward A. | | | | | | 2. Issuer Name and Ticker or Trading Symbol BIOCEPT INC [BIOC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--|--|----------|--------------|---|-----|-----------------------------------|------------------|---|---------------------|---|--|---|---|--|---|---------------------------------------|--|
| | CEPT, INC | 2. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2015 | | | | | | | | X Director 10% Owner Officer (give title Other (specify below) below) | | | | | |
| 5810 NA (Street) SAN DII | 4. 11 | 4. If Amendment, Date of 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) | (S | | (Zip) | | | 0 | | | | | | D . | 6: | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | ction | ion 2A. Deem | | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5) | | | 5. Amount of | | Form: I (D) or I | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (11150.4) | |
| Common Stock 05/2 | | | | 05/24/ | /2015 | | | | M | | 8,735 | A | (1) | 12,9 | 13 | |) | | |
| Common Stock | | | | | | | | | | | | | 187,386 | | I | | By corporation | | |
| | | Т | able II | | | | | | | | osed of converti | | | y Owned | | , | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | on Date, | | ansaction ode (Instr. | | of | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numi derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4 | ve ies ially ng ed ction(s) | 10. Owners Form: Direct (I or Indire (I) (Instr | Beneficia Ownersh ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Restricted Stock | (1) | 05/24/2015 | | | M | | | 8,735 | (2) | | 05/24/2015 | Common Stock | 8,735 | \$0.00 | (|) | D | | |

Explanation of Responses:

- 1. Each restricted stock unit represents the right to receive one share of the Issuer's common stock.
- 2. The restricted stock units are fully vested. Pursuant to the terms of the restricted stock unit agreement entered into with the reporting person, settlement of the vested restricted stock units takes place on the earliest to occur of (a) May 24, 2015 or (b) other triggering events identified in the restricted stock unit agreement.

Remarks:

/s/ William Kachioff, Attorneyin-Fact 07/08/2015

** 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.