SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB Number: 3235-0104 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 [*] Tonna Paul Jude	2. Date of Event Requiring Statement (Month/Day/Year) 06/27/2014	3. Issuer Name and Ticker or Trading Symbol <u>BioRestorative Therapies, Inc.</u> [BRTX]				
(Last) (First) (Middle) 69 CHICHESTER ROAD		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) 5. If Amendment, Date of Original Filed (Month/Day/Year) X Director 10% Owner Officer (give title below) Other (specify below)				
(Street) HUNTINGTON NY 11743 (City) (State) (Zip)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Pers Form filed by More than One Rep Person				

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)	
No securities are beneficially owned	0	D		

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 Securities Underlying Derivative Security (Instr. 4)		or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	rivative (Instr. 5)	

Explanation of Responses:

Remarks:

/s/ Paul Jude Tonna

** Signature of Reporting Person

07/01/2014

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.

OMB APPROVAL