SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 [*] Ryan Charles S.		rson [*]	2. Issuer Name and Ticker or Trading Symbol BioRestorative Therapies, Inc. [BRTX]	5. Relationship of Reporting Perso (Check all applicable)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Kyan Charle</u>	<u>s s.</u>		, [X Director	10% Owner				
(Last) 1302 RIDGE F	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/10/2016	Officer (give title below)	Other (specify below)				
(Street) LAUREL HOLLOW	NY	11791	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (X Form filed by One Repo Form filed by More than	orting Person				
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)	tion	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	 Transaction(s) (Instr. 3 and 4) 		(Instr. 4)
Common Stock								16,250	D	

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/Year)	4. Transac Code (li 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Option	\$ <mark>8</mark>							(1)	04/06/2025	Common Stock	15,000		15,000	D	
Warrant	\$15							05/08/2015	05/08/2020	Common Stock	2,500		2,500	D	
Warrant	\$4							12/07/2015	11/12/2020	Common Stock	6,250		6,250	D	
Option	\$7							(2)	09/04/2025	Common Stock	20,000		20,000	D	
Option	\$3.73	06/10/2016		Α		46,000		(3)	06/10/2026	Common Stock	46,000	\$ <mark>0</mark>	46,000	D	

Explanation of Responses:

1. The option vests to the extent of 5,000 shares on each of April 6, 2016, April 6, 2017 and April 6, 2018.

2. The option is exercisable to the extent of 10,000 shares on December 22, 2015, 3,334 shares on September 4, 2016, and 3,333 shares on each of September 4, 2017 and September 4, 2018.

3. The option is exercisable to the extent of 15,334 shares on June 10, 2016 and 15,333 shares on each of June 10, 2017 and June 10, 2018.

/s/ Charles S. Ryan

** Signature of Reporting Person

06/14/2016 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.

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