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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 *<br><u>Brown Steven Collier</u><br><br>(Last) (First) (Middle)<br><u>P.O BOX 276</u><br><br>(Street)<br><u>ALPINE NJ 07620</u><br><br>(City) (State) (Zip) | 2. Date of Event Requiring<br>Statement (Month/Day/Year)<br><u>07/14/2026</u> | 3. Issuer Name and Ticker or Trading Symbol<br><u>BioRestorative Therapies, Inc. [ BTRX ]</u>                                                                                                    |                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                     |                                                                               | 4. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><br><input checked="" type="checkbox"/> Director 10% Owner<br><br>Officer (give title below) Other (specify below) | 5. If Amendment, Date of Original Filed<br>(Month/Day/Year)<br><br><br><br>6. Individual or Joint/Group Filing (Check<br>Applicable Line)<br><br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person |

Table I - Non-Derivative Securities Beneficially Owned

|                                 |                                                          |                                                                |                                                          |
|---------------------------------|----------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|
| 1. Title of Security (Instr. 4) | 2. Amount of Securities<br>Beneficially Owned (Instr. 4) | 3. Ownership<br>Form: Direct (D) or<br>Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr.<br>5) |
|---------------------------------|----------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|

Table II - Derivative Securities Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 3. Title and Amount of Securities Underlying<br>Derivative Security (Instr. 4) |                                     | 4. Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 5. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 5) | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|--------------------------------------------|----------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|
|                                            | Date<br>Exercisable                                            | Expiration<br>Date | Title                                                                          | Amount<br>or<br>Number<br>of Shares |                                                                    |                                                                      |                                                             |

Explanation of Responses:  
No securities are beneficially owned.

Steven Brown 07/24/2026  
\*\* 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 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.