FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

EMENT 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

Name and Address of Reporting Person* Yocca Frank					2. Issuer Name and Ticker or Trading Symbol BioXcel Therapeutics, Inc. [BTAI]									Check	all app	p of Reportin blicable) ctor er (give title	10	o Issuer Owner or (specify	wner	
	XCEL THI	(First) (Middle) EL THERAPEUTICS, INC. WHARF DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 11/30/2018									X	belov		be	below)	
(Street)	ORD C	Γ (06511		4. If	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)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ection	ction 2A. Deemed Execution Date,		3. 4. Securitie Transaction Disposed (Code (Instr. 5)			ties Acquired (A) I Of (D) (Instr. 3, 4			or 5. Am Secur Benef Owne Report		ount of ities icially d Following ted	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	t of Indi ct Benefi Owner	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code V		Amount		(A) or (D)	Price	•	Transaction(s) (Instr. 3 and 4)							
Common Stock 11/30/					/2018			P		450		A	\$5.	199	950		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)	Derivative Conversion Date Execution Date, Trans Security or Exercise (Month/Day/Year) if any Code				Transa Code (saction of I			5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				vative de sirity Se s. 5) Or Fo	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	of Ind Benef Owne ct (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code		(A)		Date Evercisal		Expiration	Title	Nui	mber						

Explanation of Responses:

/s/ Frank Yocca

11/30/2018

** 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.