FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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*     O'Neill Vincent				2. Issuer Name and Ticker or Trading Symbol BioXcel Therapeutics, Inc. [ BTAI ]						(Chec	Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  10% Owner  Officer (circle title and consistence)  Officer (circle title and consistence)  Officer (circle title and consistence)			
	(First) THERAPEUTICS ARF DRIVE, 12T	•		3. Date of Earliest Transaction (Month/Day/Year) 09/14/2024						_ V	Officer (give title Other (specify below)  See Remarks			
(Street) NEW HAVEN (City)	CT (State)	06511 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indi Line)	1 <u>-</u>				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
Date			2. Transacti Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of			nd 5) Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) or (D)	Price				
Common Stock	•		09/14/20	024		M		521	Α	(1)	4.045	D		

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and 9. Number of 11. Nature 1. Title of 8. Price of 10. Transaction Code (Instr. Expiration Date (Month/Day/Year) Derivative Conversion **Execution Date** Ownership of Indirect Security or Exercise (Month/Day/Year) if any Derivative Securities Form: (Month/Day/Year) Direct (D) Price of Underlying Derivative Security (Instr. 5) (Instr. 3) 8) Securities Beneficially Ownership Acquired (A) or Disposed Derivative Owned or Indirect (Instr. 4) Security (Instr. 3 and 4) Following (I) (Instr. 4) Reported Transaction(s) of (D) (Instr. 3, 4 and 5) (Instr. 4) Numbe Expiration Date (A) (D) Title Shares Code Exercisable Restricted 09/14/2024 (3) (3) 52.1 M 521 \$0.00 3.127 D Stock

S<sup>(2)</sup>

## **Explanation of Responses:**

Common Stock

- 1. Each Restricted Stock Unit ("RSU") represents a contingent right to receive one share of the Issuer's Common Stock.
- 2. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on December 15, 2023.

09/16/2024

3. On March 14, 2022, the Reporting Person was granted 8,337 RSUs, vesting as to 25% of the total number of RSUs on the first anniversary of March 14, 2022 and as to 6.25% of the total number of RSUs at the end of each successive three-month period thereafter, subject to the Reporting Person's continuous employment with the Issuer through the relevant vesting dates

## Remarks:

Executive Vice President, Chief of Product Development and Medical Officer

/s/ Richard Steinhart, as Attorney in Fact for Vincent

09/17/2024

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138

\$0.6908

3,907

\*\* 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.