SEC For	m 4																	
FORM 4 UN				INITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												OMB APPROVAL		
Section 16. Form 4 or Form 5 obligations may continue. See					ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
1. Name and Address of Reporting Person*     Votruba Michal     (Last)   (First)     (Middle)					<u>B</u>	2. Issuer Name and Ticker or Trading Symbol <u>BioXcel Therapeutics, Inc.</u> [BTAI] 3. Date of Earliest Transaction (Month/Day/Year) 5. (10,2022)							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below)				ner	
C/O BIOXCEL THERAPEUTICS, INC., 555 LONG WHARF DRIVE (Street)			INC.,			Line)							ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person					
NEW HA		T State)	0(511							ed by One Reporting Person			ing					
		Та	ble I - Nor	n-Deriv	ativ	/e Se	ecuritie	es Acq	uired, Dis	posed of	, or Ben	eficially	Owned					
Date				2. Trans Date (Month/			2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		5. Amount Securities Beneficial Owned Fo Reported	y (D) or lowing (I) (Ins		Direct Indirect Estr. 4)	. Nature of ndirect Beneficial Dwnership Instr. 4)	
									Code V	Amount	(A) or (D)	Price	Transactio (Instr. 3 ar					
	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)	erivative Conversion Date ocurity or Exercise (Month/Day/Year)		if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	0.1(0)			
Stock Option (Right to Buy)	\$13.24	05/19/2022		А	(1)		17,000		(2)	05/19/2032	Common Stock	17,000	\$0	17,00	0	D		
Stock Option (Right to Buy)	\$13.24	05/19/2022		J	(1)			17,000	(2)	05/19/2032	Common Stock	17,000	\$0	0		D		

## Explanation of Responses:

1. The Reporting Person immediately and automatically assigned these stock options to RSJ Investments SICAV a.s. acting in respect of its sub-fund RSJ Gradus podfund ("RSJ") pursuant to the policies of RSJ regarding stock ownership by its employees, as documented by an Agreement between the Reporting Person and RSJ. The Reporting Person does not beneficially own any of the securities reported herein. 2. The option shall vest and become exercisable on the earlier of the first anniversary of the date of grant or the day immediately prior to the date of the next annual meeting of the Issuer's stockholders occurring after the date of grant, in either case, subject to the Reporting Person's continuing in service as a non-employee director through such vesting date.

/s/ Richard I. Steinhart,	
Attorney-in-Fact for Michal	05/23/2022
Votruba	

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.