## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington	D.C. 20549	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person*  Wiley Matthew T.				ssuer Name <b>and</b> Tick oXcel Therape		_	,		Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) C/O BIOXCEL	(First) THERAPEU	,	09/	Date of Earliest Transa 115/2024	action (I	Month.	/Day/Year)		Officer (give title below)  Chief Commercial Officer					
555 LONG WH	ARF DRIVE,		f Amendment, Date o	f Origina	al File	d (Month/Day/		6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW HAVEN	СТ	06511							Line)	Form filed by On Form filed by Mo Person	, ,			
(City)	(State)	(Zip)								. 0.00				
		Table I - No	n-Derivative	Securities Acc	uired	l, Dis	posed of,	or Ber	neficially	Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		

750

215

D

\$0.6908

	(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. Transa Code ( 8)		ı of		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) (Instr. 4)	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				
Restricted Stock	(1)	09/15/2024		M			750	(3)	(3)	Common	750	\$0	7,500	D	

**S**<sup>(2)</sup>

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

## **Explanation of Responses:**

Units

Common Stock

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 14, 2023.

09/15/2024

09/16/2024

3. On March 15, 2023, the Reporting Person was granted 12,000 RSUs, vesting as to 25% of the total number of RSUs on the first anniversary of March 15, 2023 and as to 6.25% of the total number of Restricted Stock Units 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

/s/ Richard Steinhart, as

09/17/2024 Attorney-in-Fact for Matthew

4,248

4,033

D

D

T. Wiley

\*\* 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.