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BioRestorative Therapies, Inc. Form 3 February 10, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number 3235-0104

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and A Person <u>*</u> Field Ed		porting	<ul><li>2. Date of Event Requiring</li><li>Statement</li><li>(Month/Day/Year)</li></ul>	3. Issuer Name <b>and</b> Ticker or Trading Symbol BioRestorative Therapies, Inc. [BRTX]				
(Last)	(First)	(Middle)	02/09/2015	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O BIORESTORATIVE THERAPIES, INC., 40 MARCUS DRIVE, SUITE 1 (Street) MELVILLE, NY 11747			Dire X Off (give title l				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)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned					
1.Title of Secu (Instr. 4)	ırity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*	
Common S	tock		0		D	Â		
Reminder: Report on a separate line for each class of securities beneficia owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displa currently valid OMB control number.					SEC 1473 (7-02	2)		

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

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Field Edward L. C/O BIORESTORATIVE THERAPIES, INC. 40 MARCUS DRIVE, SUITE 1 MELVILLE, NY 11747		Â	Â	President brtxDISC Division	Â		
Signatures							
/s/ Edward L. Field	02/10/2015						
<u>**</u> Signature of Reporting Person	Date						

## **Explanation of Responses:**

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.