BioRestorative Therapies, Inc.

Form 4

February 24, 2015

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or Form 5

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Westbury Trust

HM 1065

(City)

2. Issuer Name and Ticker or Trading

Symbol

BioRestorative Therapies, Inc.

[BRTX]

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year)

02/20/2015

11 VICTORIA STREET, P.O. BOX

(Zip)

(Street)

(State)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

Officer (give title

Form filed by One Reporting Person \_X\_ Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner \_ Other (specify

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<u>(1)</u>

A

Issuer

below)

HAMILTON, DO HMEX

1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of 6. 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Month/Day/Year) (Instr. 8) Owned Direct (D) Ownership or Indirect Following (Instr. 4) Reported (I) (A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Price Code V Amount (D) See

Common Stock

02/20/2015

P 1,000,000 4,115,000

I

footnote (2)

(9-02)

**OMB APPROVAL** 

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January 31,

2005

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: BioRestorative Therapies, Inc. - Form 4

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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		vative Expiration Date urities (Month/Day/Year) uired (A) or cosed of (D)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Common Stock Warrants (right to buy)	\$ 0.75	02/20/2015		P	250,000		(3)	02/20/2020	Common Stock	250,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Westbury Trust 11 VICTORIA STREET, P.O. BOX HM 1065 HAMILTON, D0 HMEX		X				
WESTBURY BERMUDA LTD 11 VICTORIA STREET, P.O. BOX HM 1065 HAMILTON, D0 HMEX		X				

#### **Signatures**

WESTBURY TRUST, Name: Jim Watt, Title: Trustee /s/ Jim Watt				
**Signature of Reporting Person	Date			
WESTBURY (BERMUDA) LTD., Name: Jim Watt, Title: President /s/ Jim Watt	02/24/2015			
**Signature of Reporting Person	Date			

### **Explanation of Responses:**

- \* 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).
  - On February 20, 2015, Westbury (Bermuda) Ltd. ("Westbury") purchased 1,000,000 shares of common stock of BioRestorative
- (1) Therapies, Inc. (the "Issuer") and warrants to purchase 250,000 shares of common stock of the Issuer in a transaction directly with the Issuer for total consideration of \$300,000.
- (2) These securities are directly owned by Westbury, which is 100% owned by Westbury Trust. Westbury Trust is an indirect beneficial owner of the reported securities.
- (3) The warrants were exercisable immediately upon issuance.

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.

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