

Nielsen Jason
Form 4
April 08, 2019

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

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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).

STATEMENT OF CHANGES IN 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 Address of Reporting Person *
Nielsen Jason

2. Issuer Name and Ticker or Trading Symbol
Arrayit Corp [ARYC]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
P.O. BOX 66588
(Street)

3. Date of Earliest Transaction
(Month/Day/Year)
04/04/2019

____ Director
____ Officer (give title below)
__X__ 10% Owner
____ Other (specify below)

SCOTTS VALLEY, CA 95067

4. If Amendment, Date Original Filed(Month/Day/Year)

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 Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|--------------------------------------|--|--------------------------------|---|---|--|---|
| | | | Code | V | Amount | (D) | Price |
| Common Stock, \$0.001 par value per share | 04/04/2019 | | S | | 10,000 | D | \$ 0.047 |
| Common Stock, \$0.001 par value per share | 04/04/2019 | | S | | 50,000 | D | \$ 0.046 |
| Common Stock, | 04/04/2019 | | S | | 30,000 | D | \$ 0.0457 |

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| | | | | | | | |
|---|------------|---|---------|---|--------------|-------------|---|
| \$0.001 par value per share | | | | | | | |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 10,000 | D | \$ 0.0472 | 140,376,345 | D |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 100,000 | D | \$ 0.0456 | 140,276,345 | D |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 315,000 | D | \$ 0.0452 | 139,961,345 | D |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 30,000 | D | \$ 0.047 | 139,931,345 | D |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 50,000 | D | \$ 0.0471 | 139,881,345 | D |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 5,000 | D | \$ 0.0492 | 139,876,345 | D |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 3,900 | D | \$ 0.0483 | 139,872,445 | D |

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

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 control number.

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

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| 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. 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 Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|--|
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|--|

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| Nielsen Jason P.O. BOX 66588 SCOTTS VALLEY, CA 95067 | | X | | |

Signatures

/Jason Nielsen/ 04/08/2019

__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).

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.