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FORWARD LOOKING STATEMENT

This report contains forward-looking statements concerning, among other things, possible applications for marketing approval and other regulatory matters, clinical trials, plans for the development of BioXyTran and business strategies. These forward-looking statements are identified by the use of such terms as "intends," "expects," "plans," "estimates," "anticipates," "should", "can" and "believes.""

These forward-looking statements involve risks and uncertainties. Actual results may differ materially from those predicted by the forward-looking statements because of various factors and possible events. Company risks include lack of FDA or any other regulatory approval for our human product, the difficulty and uncertainty in obtaining regulatory approval, uncertainty about future physician and market acceptance of our product, our limited manufacturing capacity and capital resources and our lack of commercial experience as a pharmaceutical company. In addition, we are subject to industry risks such as: our industry is highly regulated, keenly competitive and subject to uncertainty of pricing because of controls on health care spending and uncertainty of third-party reimbursement.

MISSION STATEMENT

BioXyTran, Inc. is a biopharmaceutical company developing first-in-class treatments for hypoxic conditions like stroke and ischemia

Team

MANAGEMENT

David Platt, Ph.D/CEO
Ph.D in Chemical Engineering, Hebrew U. of Jerusalem; Weizmann Institute; Founder of five public Bio-Tech companies over 25 years, with a combined Market Cap > $1.5Billion

Elena Chekhova, Ph.D/Chief Scientist
Ph.D in Process Systems Engineering at MIT; Elena has over 10 years of experience in the life sciences industry in business development and project management services

Ola Soderquist, CFO, CPA, CMA, CM&AA
30 years industrial experience; Served in CFO and other capacities in multiple industry sectors; MSA Stockholm School of Economics; MBA Babson College

INDEPENDENT BOARD OF DIRECTORS

Alan Hoberman, PhD
Executive Director within Charles River specifically for developmental, reproductive and Juvenile Toxicity, Charles River Labs.

Henry Esber, PhD
Senior Consultant of Business Development

Dale Conaway, PhD
Veterinary Medical Officer for the Research Compliance

Anders Utter/Head of Audit Committee
Financial Expert; General Cable (NYSE: BGC); MBA Babson College

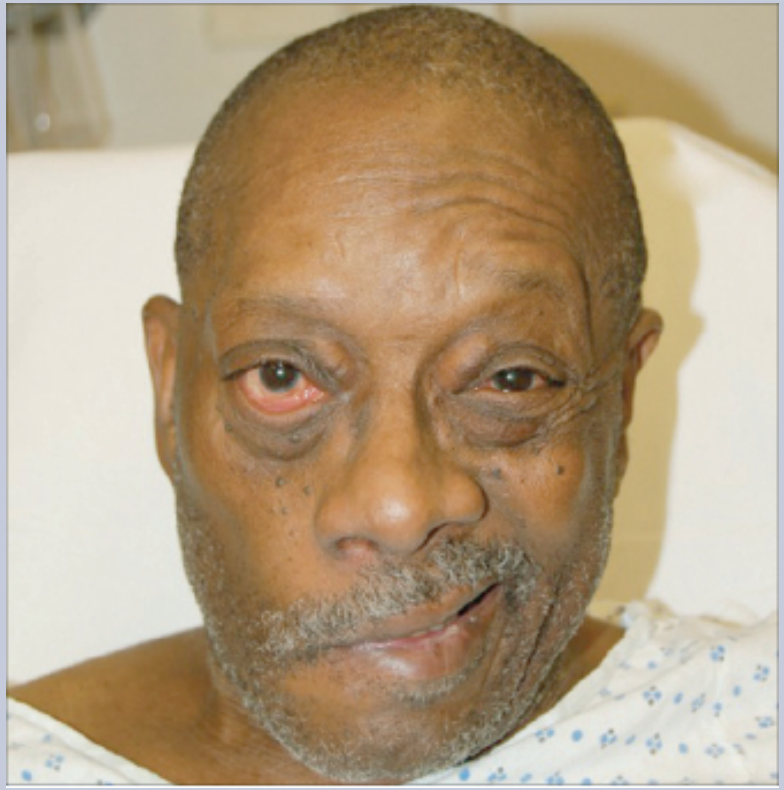
ADVISORY BOARD

Avraham Mayevsky, PhD
Worldwide authority in the field of minimal invasive monitoring of tissue oxygenation and organ physiology

Hana Chen-Walden, MD
Specialist Regulatory Affairs in US and Europe for more than 25 years

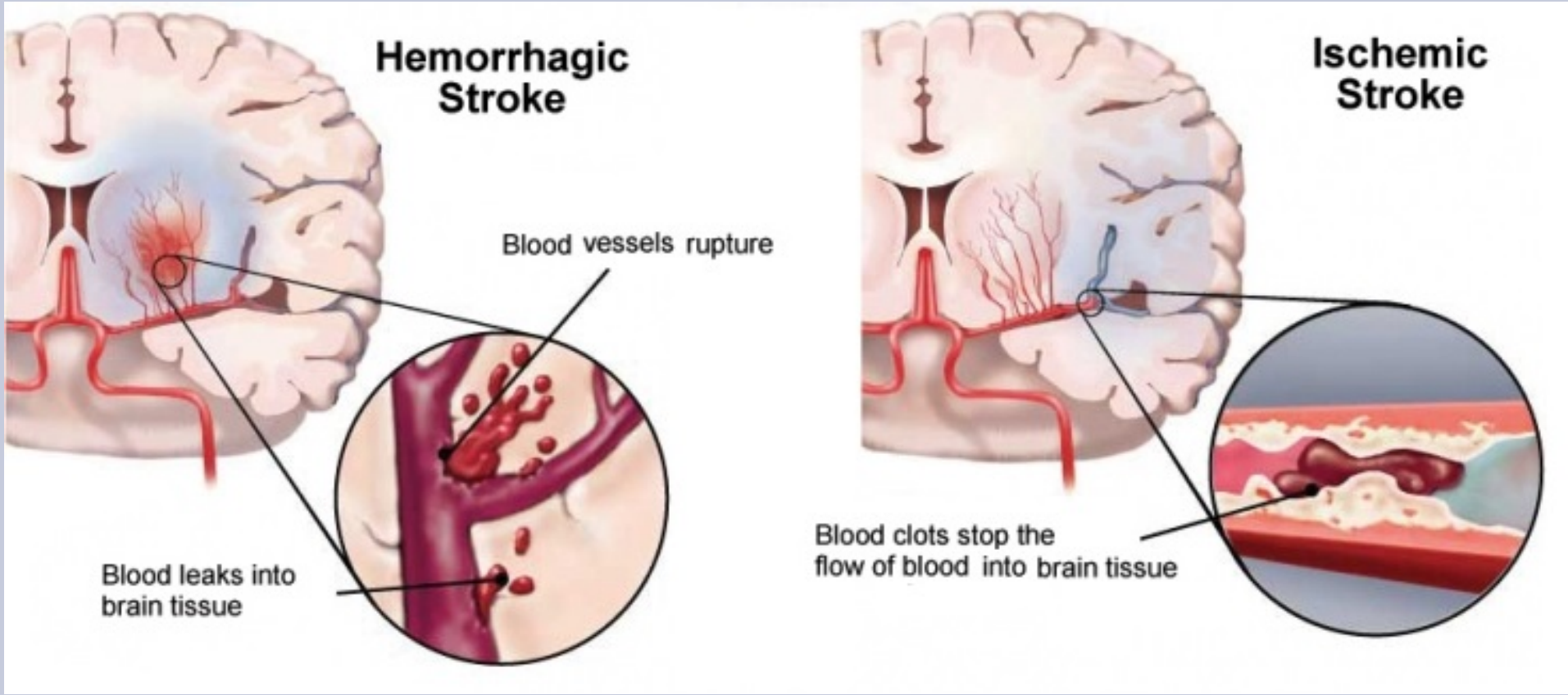
Juan Carolos Telavera, MD PhD
Specialist in Regnerative Medicine

The Faces of Stroke



Spotting a Stroke

Types of Stroke

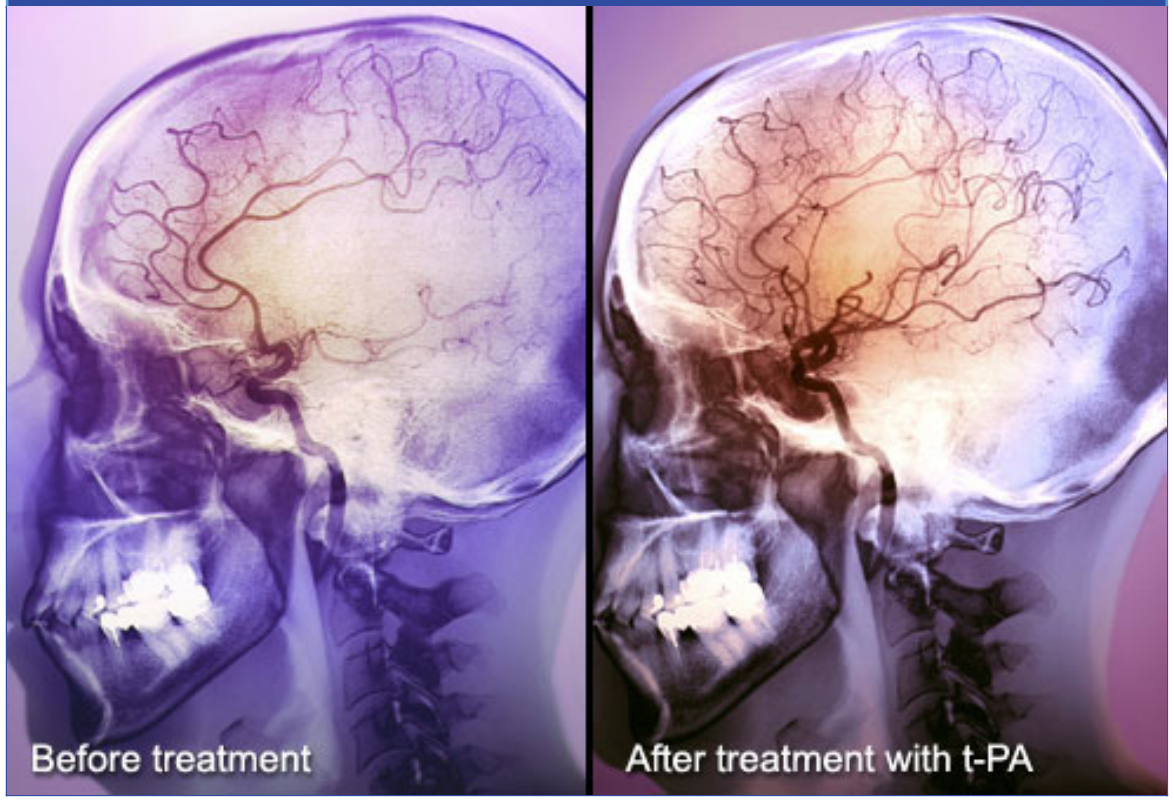


13% Incidence

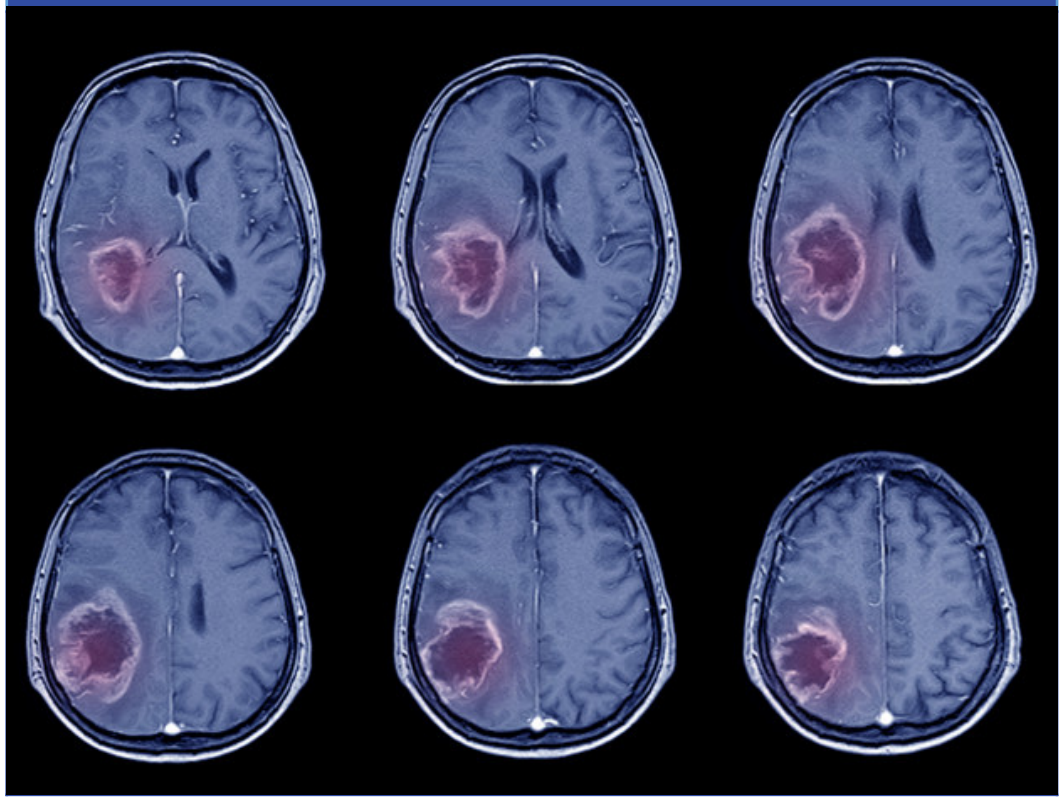
87% Incidence

Stroke Imaging

ISCHEMIC STROKE



HEMMORHAGIC STROKE



Stroke Timeline

Case Study

History, Timeline, and Initial CT Findings

A 61 year old male, with acute aphasia, right facial droop, and right sided weakness.

12:30 Sudden onset while working in yard.

12:45 Family calls 911.

13:05 Advanced squad evaluates neurologic deficits and glucose.

13:15 Squad notifies receiving hospital of possible stroke patient.

13:30 ED arrival. Initial evaluation by E.D. physician.

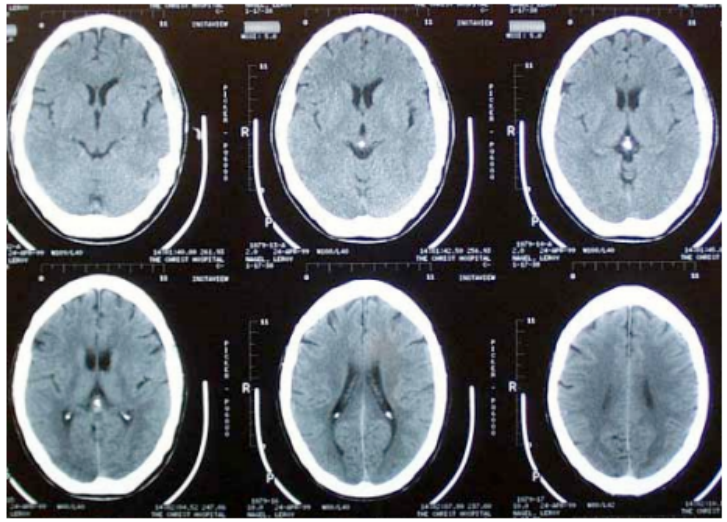
13:45 Stroke Team arrives. NIHSS 18.

14:00 CT scan performed.

14:15 Discuss with family and PMD.

14:20 Labs back: gluc 97. BP remains 150/70's.

14:20 CT reading back. (See below.) No hemorrhage or early signs of ischemia.



14:25 Checklist done. No exclusion criteria met.

14:30 Decision time.

14:35 IV rt-PA given. 0.9 mg/kg total

- 10% bolus - 9 mg
- 90% over 1 hr - 81 mg

Inadequate Treatment Options

STEP 1 – Determination of Ischemic or Hemorrhagic Stroke (Imaging)

STEP 2 – Tissue Plasminogen Activator (tPA) for Ischemic Stroke

or

Surgery – [Clipping Artery, Insert Coiling to Force Clotting] for Hemorrhagic

NO TREATMENT CAN BE GIVEN UNTIL DIAGNOSIS IS COMPLETED

13% of Patients with Hemorrhagic Stroke
Driving Unfavorable Outcome for the Rest

TRUE UNMET MEDICAL NEED EXISTS FOR FIRST LINE TREATMENT BEFORE DIAGNOSIS

No treatment exists for the first hour to 4.5 hours from incidence

Ideal Stroke Treatment

EVERY MINUTE COUNTS!

ULTIMATE TREATMENT CHARACTERISTICS

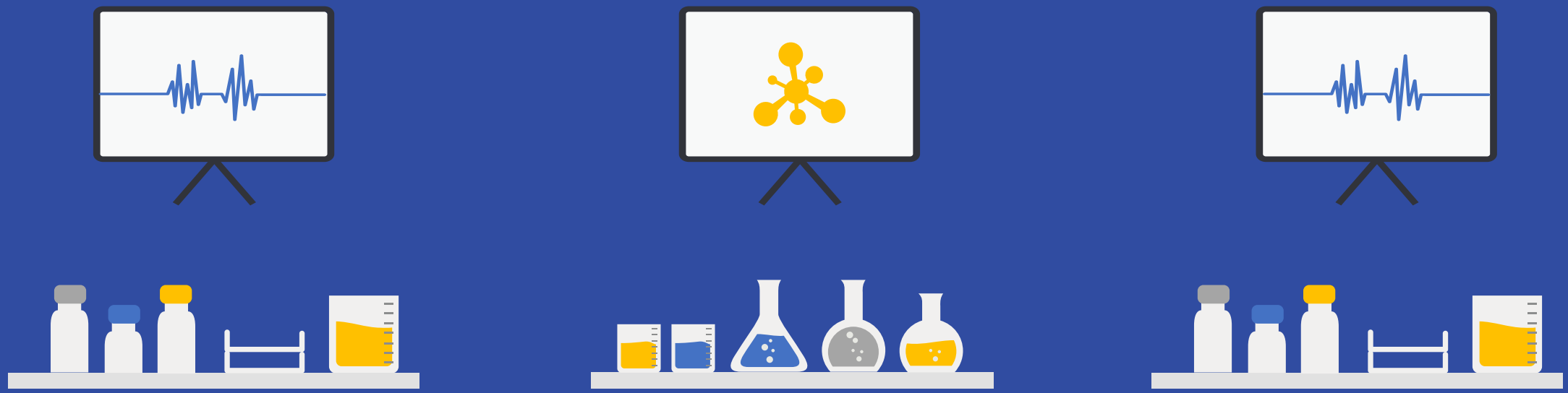
- Restore Oxygen to the Brain
- Efficacy for Ischemic and Hemorrhagic Strokes
- No Side Effects
- Easy to Administer Treatment for First Responders

THE CONCEPT BEHIND BioXyTran® Inc. BXT-25

Tissue Regeneration For Life

EXTEND THE "GOLDEN HOUR" TO TREAT STROKE VICTIMS

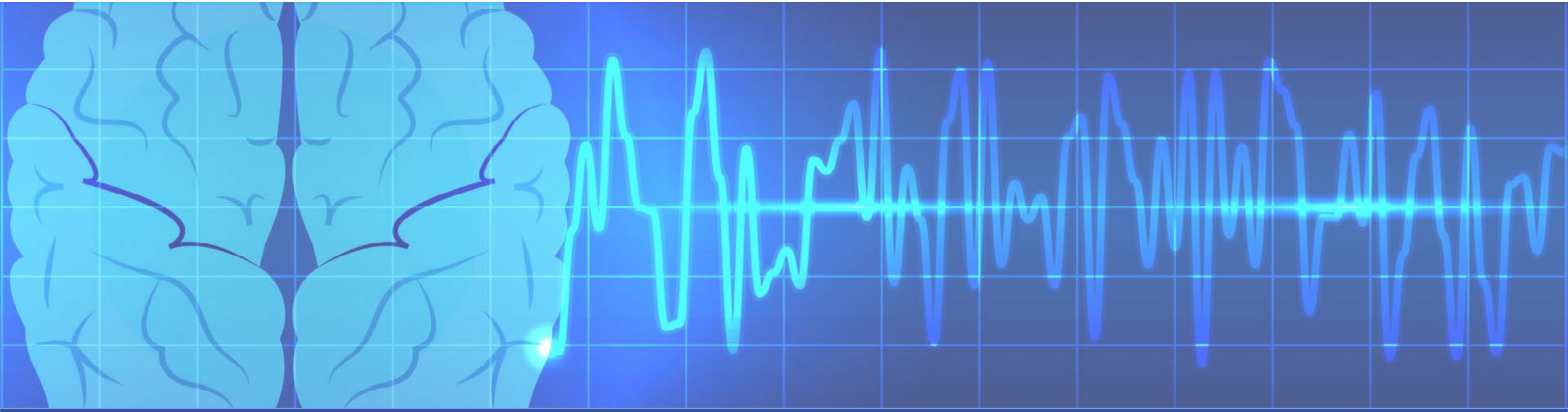
The Golden Hour Dilemma



Time to Needle
2.5 hours

THE BRAIN STROKE EPIDEMIC

A Challenge to Worldwide Healthcare, a $184 Billion Medical Indication Costs

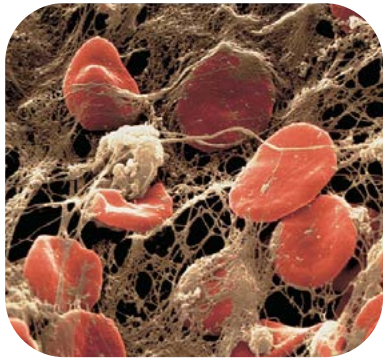


REGION	STROKES (MILLIONS)	POPULATION (MILLIONS)	SURVIVORS (MILLIONS)	DIRECT COST (BILLIONS)	INDIRECT COST (BILLIONS)
US	0.8	321	5.8	$44	$22
EU (+GB)	1.1	743	3.4	$28	$16
CN	2.5	1,371	7.5	estimated $74	
World	17.0	7,500	33.0	estimated $184	

TIME IS BRAIN, QUANTIFIED

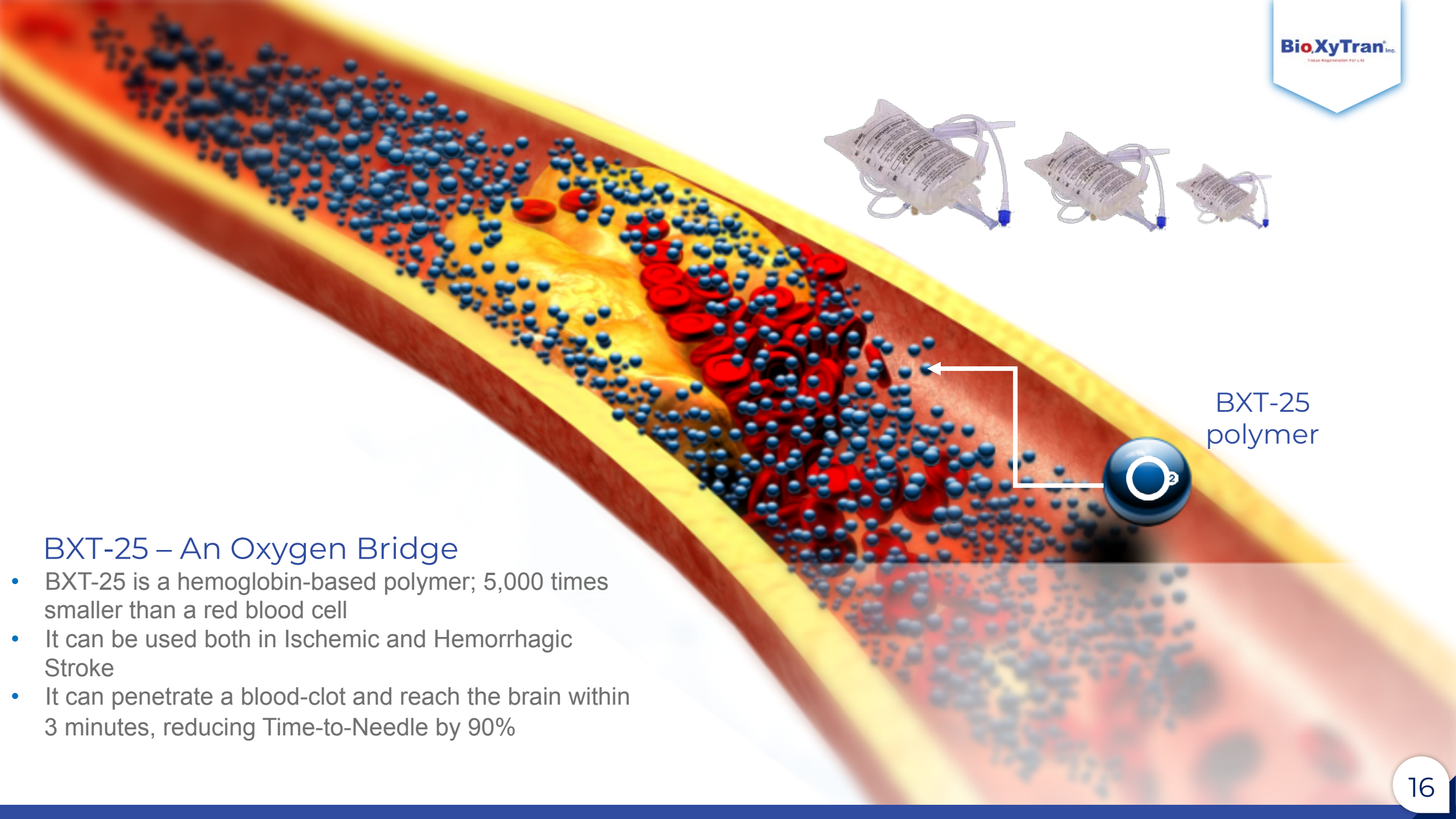
	NEURONS LOST	SYNAPSES LOST	MYELINATED FIBERS LOST	ACCELERATED AGING
Per stroke (average)	300 million	2 trillion	1,800 km/1,100 miles	9 years
Per hour	120 million	830 billion	710 km/440 miles	3.6 years
Per minute	1.9 million	14 billion	12 km/7.5 miles	3.1 weeks
Per second	32,000	230 million	200 meters/220 yards	8.7 hours

Image of red blood-cells caught in the mech of fibrins causing a blood clot.



Blood Clot Caused by Coagulation

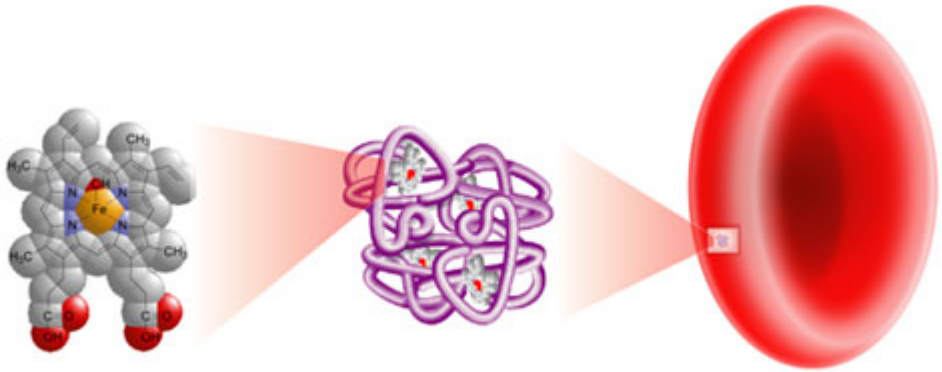
- Annually, 800,000 Americans suffer a stroke; 1 of 6 die, and 1 of 3 are permanently disabled
- The average lifetime patient cost is 300,000 dollars
- 87% of all strokes are ischemic, or caused by a clot
  A hemorrhagic stroke is a ruptured blood vessel



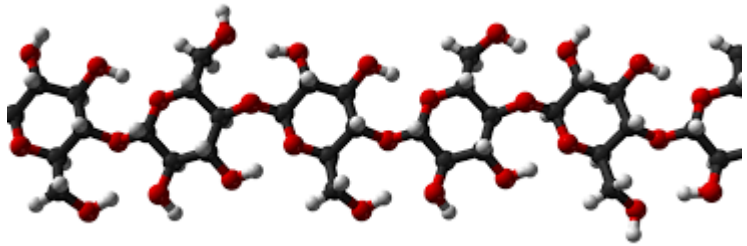
BXT-25 – An Oxygen Bridge

- BXT-25 is a hemoglobin-based polymer; 5,000 times smaller than a red blood cell
- It can be used both in Ischemic and Hemorrhagic Stroke
- It can penetrate a blood-clot and reach the brain within 3 minutes, reducing Time-to-Needle by 90%

Genesis of BXT-25



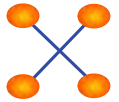
Separating HEME from GLOBIN



Bonding to a Co-Polymer

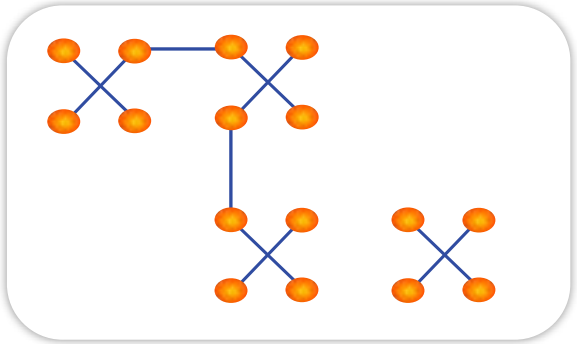
BXT-25 - Stabilized Oxygen-carrying Protein

Stabilized Hb tetramer with co-polymer

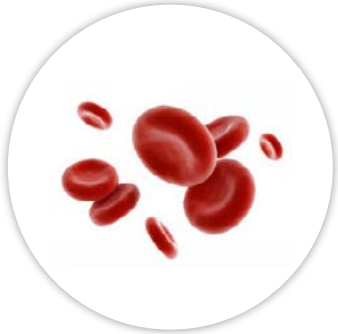


- Low viscosity
- Non-immunogenic
- Universally compatible with all blood types
- Stable at room temperature
- 3 year shelf-life in liquid formulation
- Extended shelf-life in dry formulation

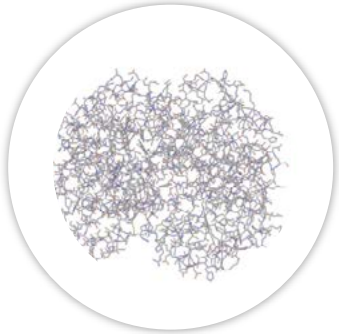
BXT stabilized Hb polymer – 50 kD



Proprietary Manufacturing Process of BXT-25



Collect controlled source Red blood cells



Extract Hemoglobin Protein

Purify and crosslink

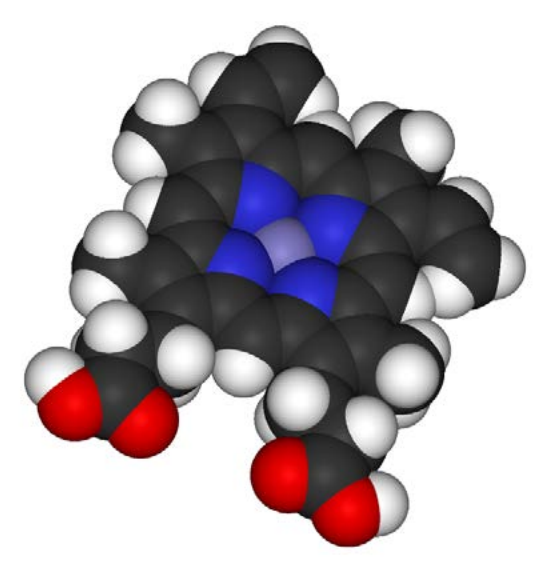
Extract Heme and reattach to a polymer

BXT-25 is mixed with a saline solution, to be IV-infused by an ER team

Key Assays for BXT-25 chemical and structural specifications are: Electron spray Ionization, Amino Acid Analysis, Gel Electrophoresis, Circular Dichroism, Reverse phase HPLC and Immunoblotting

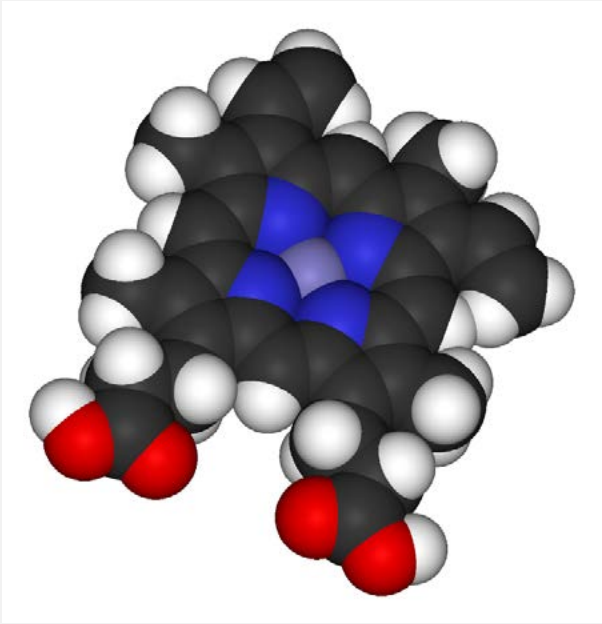
ANIMAL TO HUMAN SIMILARITIES

Heme same Structure in ALL Mammals



Purpose = Carry Oxygen
Chemical Structure
Co-polymer stabilizes Heme
1/5000th size of Blood

How It Works



Oxygen diffuses from high to low concentration.

Perfusion works off the Oxygen Pressure Differential.

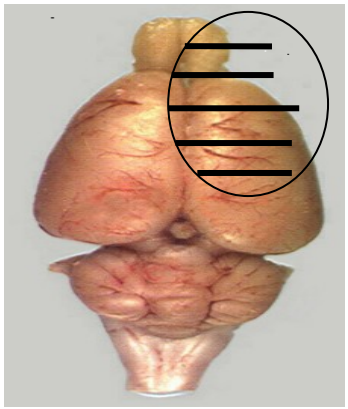
What keeps Oxygen on the Heme is a chemical bond.

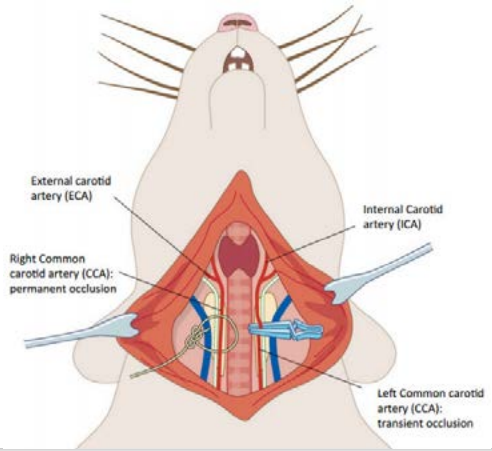
Perfusion of Oxygen into Tissue happens when the pressure of the tissue is low. Low pressure breaks the chemical bond.

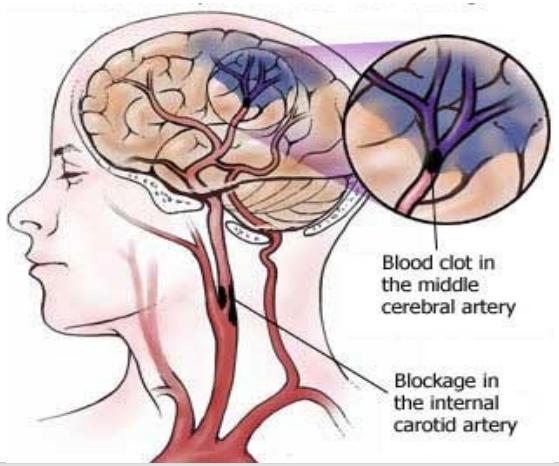
Proof of Concept of BXT-25 in Animals

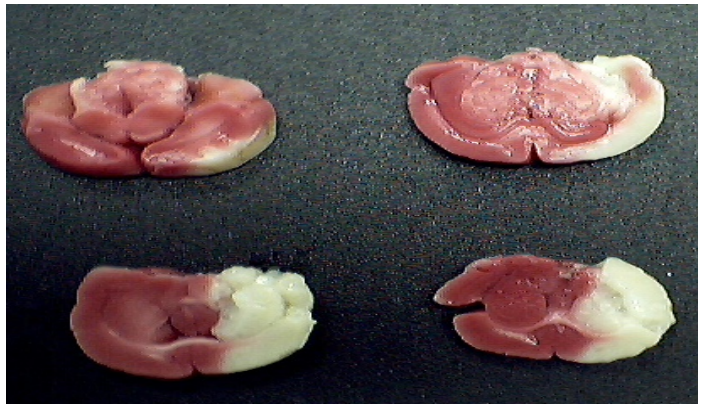
- Absence of nitric oxide scavenging, no increased blood pressure in diabetic mice (Harvard Medical School, 2013)
- No toxicity from replacing 90% of the blood in dogs with similar chemistry to BXT-25: https://www.hindawi.com/journals/ccrp/2014/864237/ (QTest Labs, Columbus OH, 2014)
- Oxygen delivery and brain recovery in stroke induced rats with similar chemistry to BXT-25 (Harvard Medical School, 2013)

Middle Cerebral Artery Blockage Model in Rats



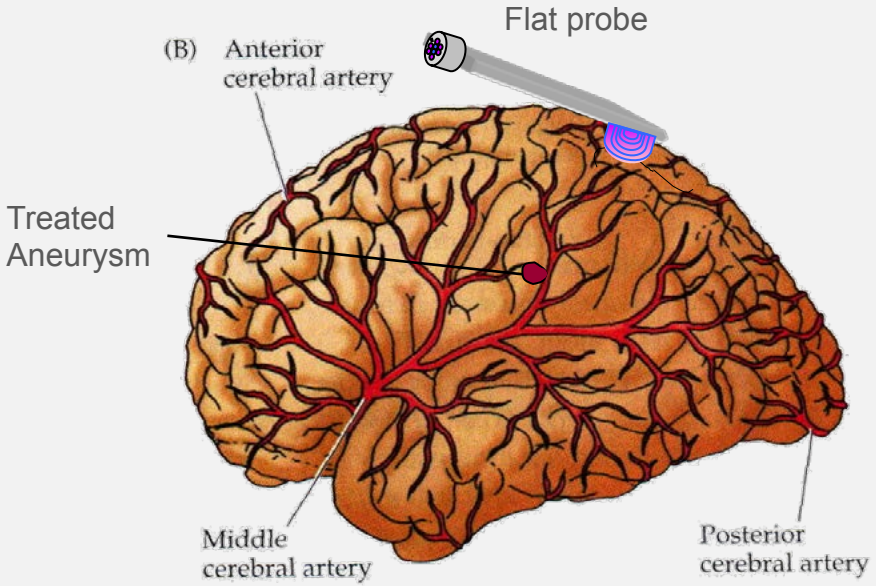


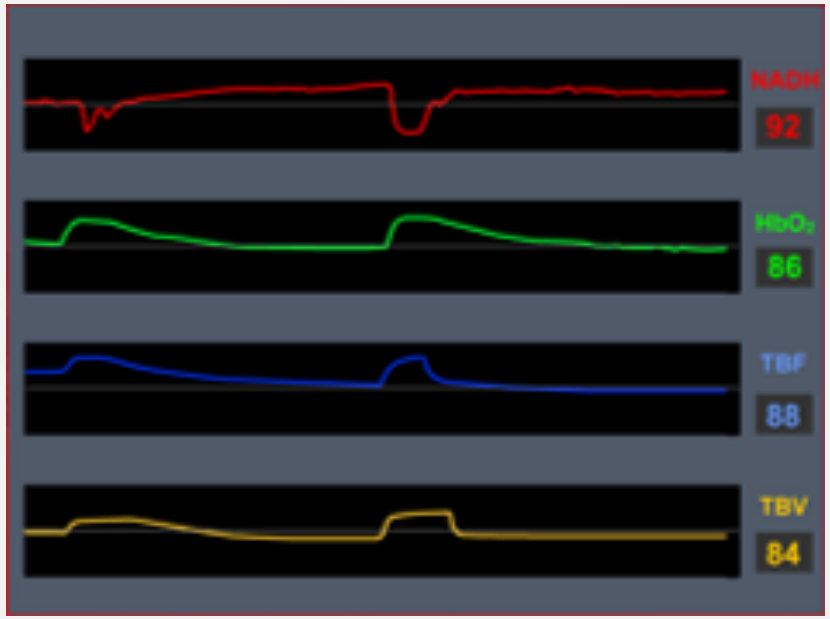




FDA Approved OXY-SENSE Technology

A clinical end-point for measuring oxygen delivery to the brain in real-time





We licensed and plan to develop technology which allows for a rapid, cost-effective and validated development of safe new molecules that address unmet medical needs in disease indications resulting from hypoxia.

Limited Effective Treatment Options

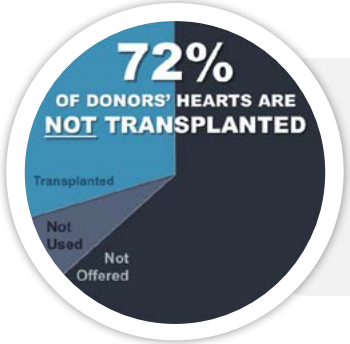
Our competition is tPA and similar drugs, aiming to dissolve, or remove, a clot.
These are time-consuming and require an MRI since blood-thinners are fatal in hemorrhagic strokes.

THERE ARE NO DRUGS AVAILABLE TO DELIVER OXYGEN TO THE BRAIN

DRUG/TREATMENT	COMPANY	DESCRIPTION
rtPA	Genentech, Johnson & Johnson	Thrombolytic agent used to break apart blood clot that causes ischemic stroke
Abciximab	Eli Lilly /Centrocor	Platelet aggregation inhibitor
Cerovive	AstraZeneca	Nitrone based neuro protectant
Candesartan	AstraZeneca	Angiotensin receptor blocker (ARB)
Ancrod	Knoll Pharmaceuticals	Anticoagulant that acts by breaking down fibrinogen

BXT-25 is designed to support the oxygenation of the brain until the clot is dissolved by medication or removed by surgery

BXT-251 - Organ Preservation

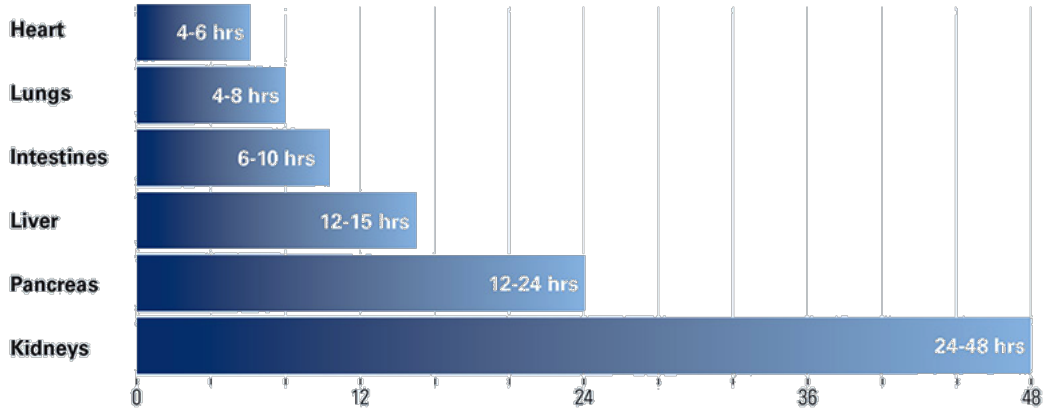


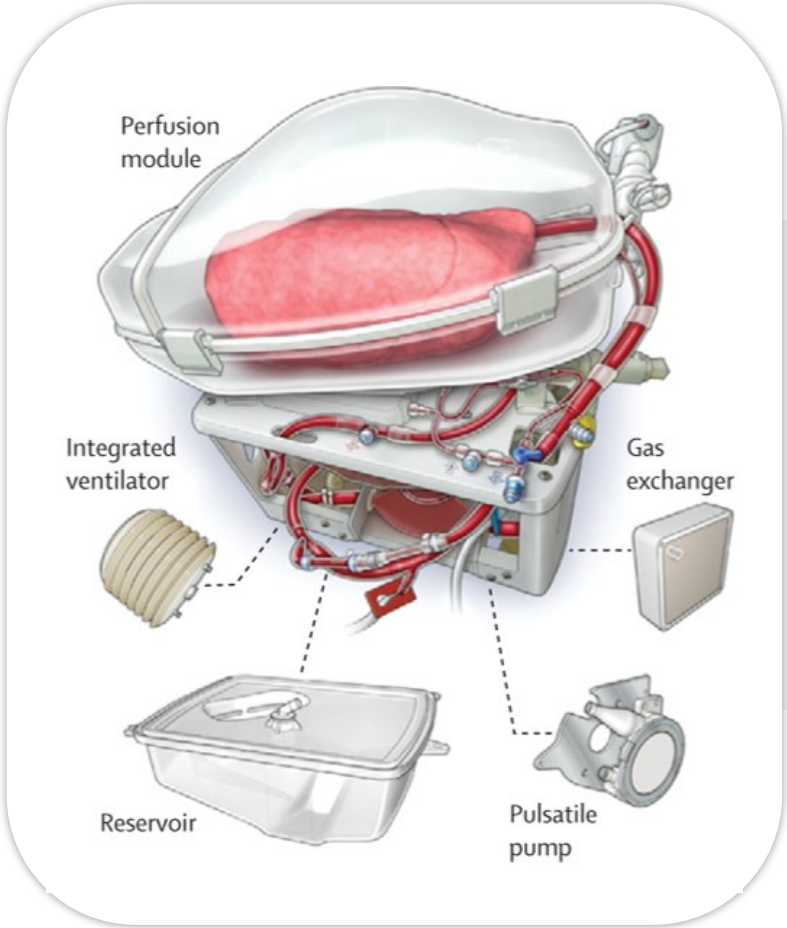
Up to 72% of donated organs go to waste

BXT-251, indicated to prolong extracorporeal circulation and preservation of organs for transplant during transport or storage from hours to days

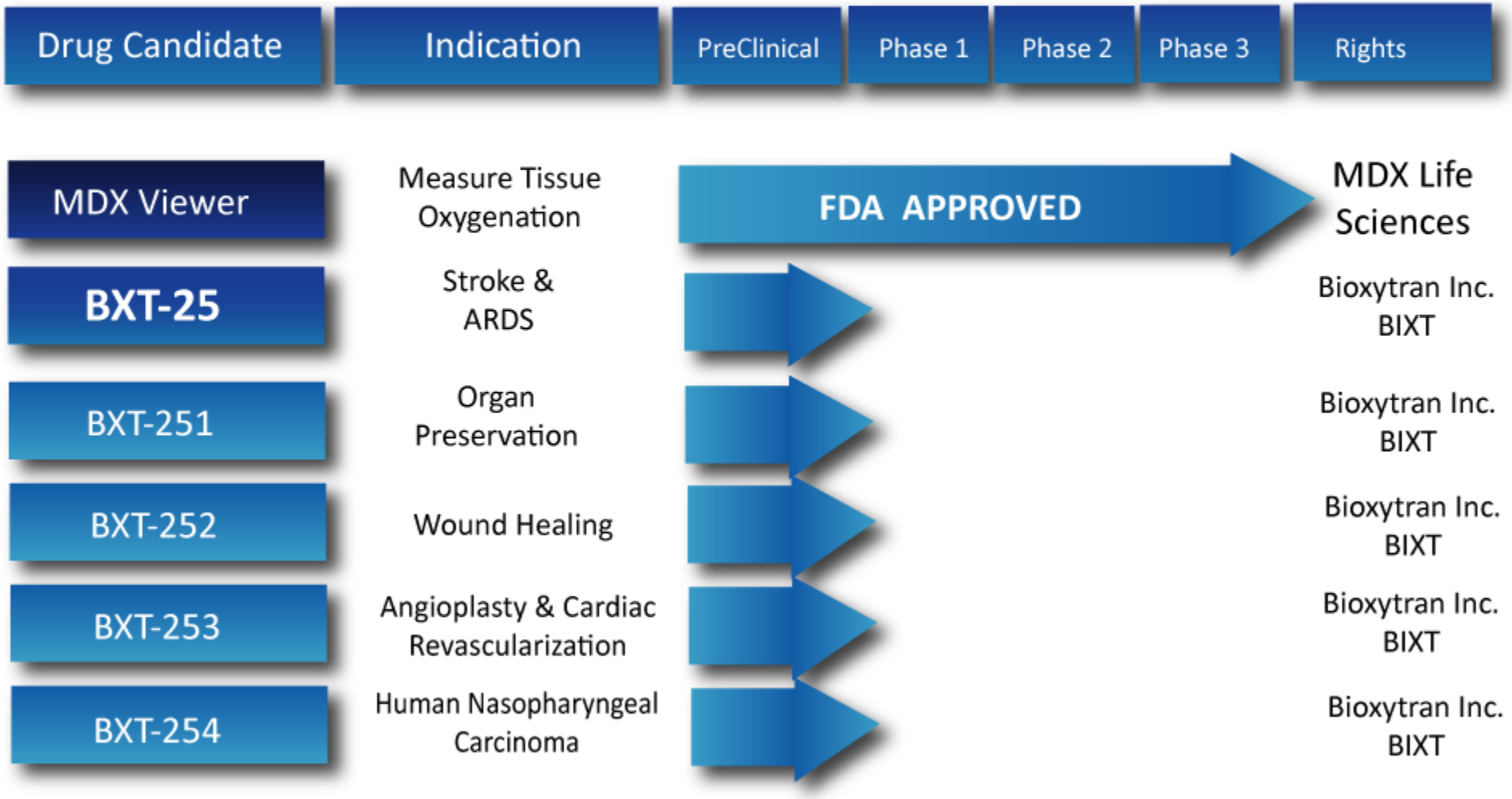
Eurotransplant Annual Report 2010

Typical and maximum preservation limits for donated organs





Bioxytran Pipeline



Future Development

US market potential for BXT-25 is $10B, including:

- Cerebrovascular Accidents
- Traumatic Brain Injury (TBI)
- Anti-Necrosis
- Anemia Treatment
- Cancer
- Human Organ Transplants
- Wound Healing
- Acute Coronary Syndromes

PRODUCT	DESCRIPTION	OBJECTIVE	TIMELINE
BXT-251	Universal organ preservation and protection agent	FDA/EMA 510 (k) submission, $2M	20 months
BXT-252	Ischemic wound healing	FDA submission, $2M	18 months
BXT-253	Angioplasty and Cardiac Revascularization	FDA submission, $2M	24 months
BXT-254	Human Nasopharyngeal Carcinoma (with 2 Gy Rad)	FDA submission, $4M	36 months

Effective S-1

Title of Each Class of Security Being Registered	Amount to be Registered	Proposed Maximum Offering Price	Proposed Maximum Aggregate Offering Price(1)	Amount of Registration Fee(2)
Common Stock, $0.001 par value	10,000,000	1.00	$ 10,000,000	$ 1,212.00
Common Stock, $0.001 par value (3)	3,285,821	$ .60	$ 1,971,492	$ 238,95
Common Stock Underlying Warrants (4)	208,333	.60	125,000	15.15
Total	13,494,154		12,096,493	1,466.10

(1) Estimated solely for the purpose of calculating the registration fee pursuant to Rule 457(o) under the Securities Act of 1933, as amended.

(2) Calculated pursuant to Rule 457(o) based on an estimate of the proposed maximum aggregate offering price.

(3) This Registration Statement also covers the resale under a separate resale prospectus (the "Resale Prospectus") by selling stockholders of the Registrant of up to 3,494,154 shares of common stock previously issued to the selling stockholders as named in the Resale Prospectus. Estimated solely for purposes of calculating the registration fee pursuant to Rule 457(c) under the Securities Act of 1933, as amended, based on the last sale of the Registrant's common stock reported by the OTC Pink on November 19, 2018.

Use of Proceeds

Event	FUNDING	TIMELINE	PATIENTS
Manufacturing CMC	**$400K**	**4 mo.**	
Preclinical (2 Species – Rats & Dogs)	**$600K**	**3 mo.**	
Phase 1 (BXT-25)	**$400K**	**2 mo.**	**30**
Phase 2	**$2.0 mil**	**6 mo.**	**60**
SG&A Expense	**$3.4 mil**		
MDX Licensing Deal	**$3.2 mil**		

Total **$10 Million**

Business Development & Strategy

Intellectual Property (IP)

One issued US patent (US6245316B1)

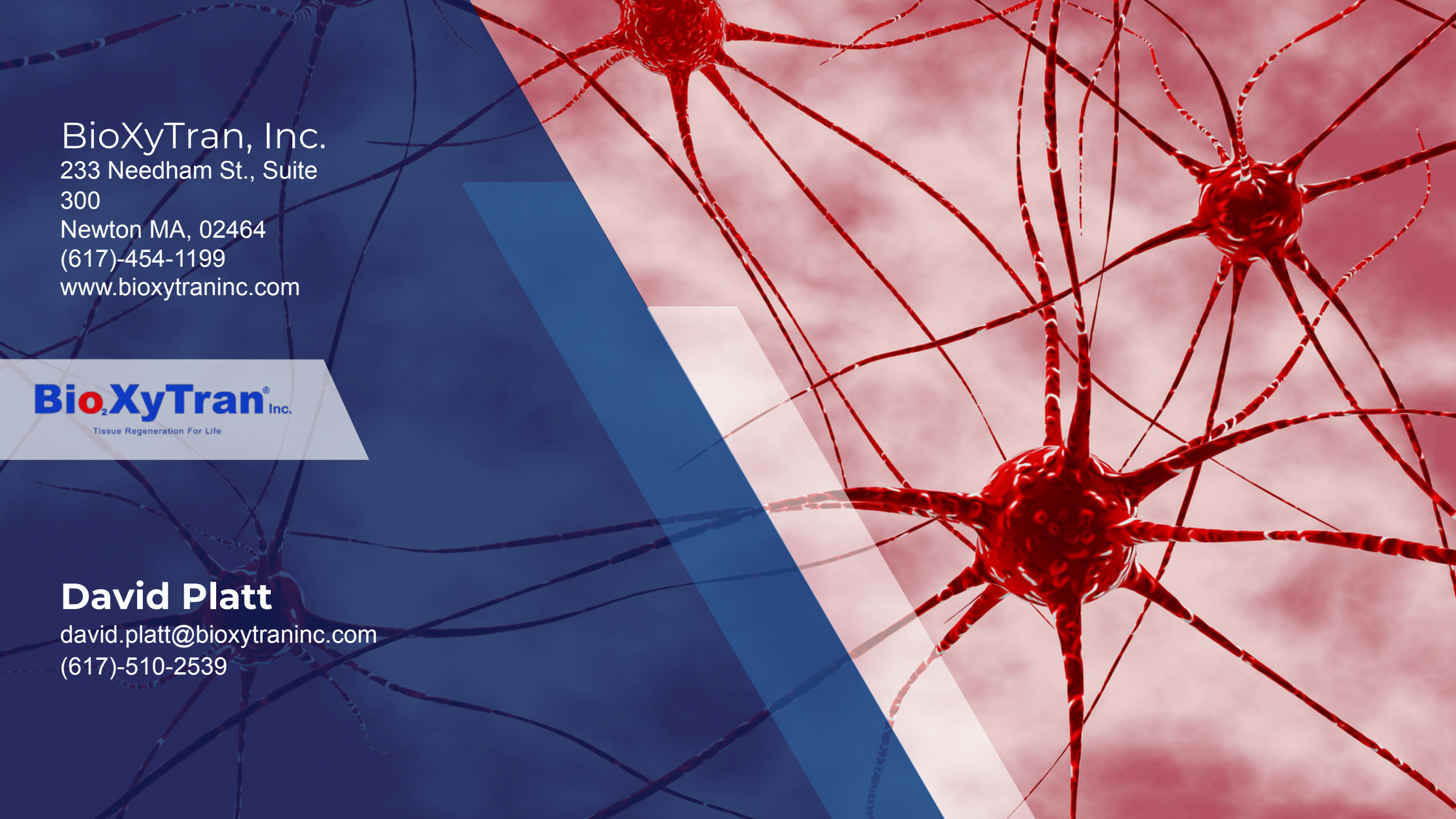
Additional applications to strengthen our IP position are ongoing

Business Development Strategy

Safety Studies In Healthy Volunteers Phase I

Efficacy Study In Stroke Patients Phase II

Establish licensing or collaboration agreement with qualified partner’s



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