

### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

**OMB APPROVAL** OMB 3235-Number: 0104 Expires: November 30, Estimated average burden hours per 0.5

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		2. Date of Event Requiring Statement		3. Issuer Name <b>and</b> Ticker or Trading Symbol						
PLATT DAVID		th/Day/Yea		nt Boston Therapeutics, Inc. [NO SYMBOL]						
(Last) (First) (Middle) 12 APPLETON CIRCLE		01/25/2012		Person(s) to			g 5. If Amendment, Date Original Filed(Month/Day/Year)			
(Street) NEWTON, MA 02459				X Director X Officer (stitle below)	III applicable)  _X10% Owner veOther (specify below) man, CEO		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) (Z	ip)	Table	I - No	on-Derivativ	e Securitie	es Be	eneficial	ly Owned		
1.Title of Security (Instr. 4)		Ben		t of Securities Ily Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ership	lirect Beneficial		
Common Stock			8,240,900		D					
Common Stock			520,000		l	By spouse, Naomi Platt				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  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.  Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)	2. Date Exer and Expirati (Month/Day/Yea Date	te Exercisable Expiration Date /Day/Year)		le and Amount rities Underlyin vative Security . 4)  Amount or Number of Shares	of 4.	5. ion On se Fo De re Se Di or (I)	wnership orm of erivative ecurity: irect (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

# **Reporting Owners**

Banasting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
PLATT DAVID 12 APPLETON CIRCLE NEWTON, MA 02459	X	Х	Chairman, CEO			

# **Signatures**

/s/ David Platt	01/25/2012
-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.