FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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OMB Number:	3235- 0104							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Ellis Andrew Ruel			2. Date of Event Requiring Statement (Month/Day/Year) 09/02/2020  3. Issuer Name and Ticker or Trading Symbol BCTG Acquisition Corp. [ BCTG ]									
(Last) (First) (Middle) 11682 EL CAMINO REAL, SUITE 320			Relationship of Reporting Issuer (Check all applicable)     Director	Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)						
(Street) SAN DIEGO (City)	CA (State)	92130 (Zip)			Y Officer (give		Other (specify below) etary		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				Beneficially Owned (Instr.	Form: [	Direct	4. Nature of Indirect Beneficial Ownership (Instr. 5)					
				4	1)	(I) (Inst	ndirect r. 5)					
				erivative	Securities Beneficia its, options, converti	(i) (Inst	r. 5) ned					
1. Title of Der	ivative Securit	(e.g.,		erivative s, warran	Securities Beneficia	(I) (Insti	r. 5) ned	sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

**Explanation of Responses:** 

No securities are beneficially owned.

<u>/s/ Andrew Ellis</u> <u>09/02/2020</u>

\*\* Signature of Reporting

Date

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

- $^{\star}$  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.

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 Number.