FORM 4

obligations may continue. See Instruction 1(b).

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ington, D.C. 20549	OMB APPROVAL

STATEMENT OF CHANGE	S IN BENEFICIAL	OWNERSHIP

OMB Number: 3235-0287
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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* HIGGINS THOMAS T					2. Issuer Name and Ticker or Trading Symbol NeuroMetrix, Inc. [NURO]										heck all b	ship of Reportir applicable) rector fficer (give title		Owner (specify	
(Last) (First) (Middle) C/O NEUROMETRIX, INC. 1000 WINTER STREET					3. Date of Earliest Transaction (Month/Day/Year) 08/20/2015										A be	elow)		below)	
(Street) WALTHAM MA 02451 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X F	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(- 9)			.,	n-Deriva	ative	Sec	uritie	s Acc	quired	, Dis	posed o	f, o	r Ben	eficia	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transport Date (Month/L					ction 2A. Deemed Execution D if any (Month/Day/			Date,	Code	action (Instr.				nd Sed Bed Ow	amount of curities neficially ned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount		(A) or (D)	Price	Tra	oorted nsaction(s) str. 3 and 4)		(Instr. 4)	
Common Stock 08/20					2015		P		5,500		A	\$0.9	009	80,994	D				
		Та						•			sed of, onvertib				y Owne	ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transaction Code (Ins					6. Date Expirati (Month/	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3	8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	ode V		(D)	Date Evercis		Expiration	Title	or Nur of	ount nber					

Explanation of Responses:

/s/ Thomas T. Higgins

08/20/2015

** Signature of Reporting Person Date

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

- * 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.

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.