FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIE

OMB APPRO	VAL
OMB Number:	3235-0287
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person* Conserved Charter						2. Issuer Name and Ticker or Trading Symbol NeuroMetrix, Inc. [NURO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Gozani Shai</u>					incurrents, me. [nono]							X	X Director		10% (Owner		
													\dashv x	Offic	er (give title	Other	(specify	
(Last) (First) (Middle)				3. D	3. Date of Earliest Transaction (Month/Day/Year)							7 A	belo		below			
C/O NEUROMETRIX, INC.				05/	05/18/2006								President & CEO					
Í .																		
62 FOURTH AVENUE				\vdash								-						
				- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable					
(Street)														X	Eorn	n filed by One	e Reporting Pers	eon
WALTH	AM M.	Α (2451											^		,		
					-										Forn Pers		e than One Rep	oorting
(City)	(St	ate) (Zip)												. 0.0			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of S	Security (Inst	r. 3)		2. Transac	tion	on 2A. Deemed 3. 4. Securities Acquired (A) o								ount of	6. Ownership	7. Nature		
		•		Date (Month/Da	v/Voar\	Year) Execution Date,			Transaction Disposed Of (D) (Instr. 3, 4 a			4 and 5)	Secur	ities icially	Form: Direct (D) or Indirect	of Indirect Beneficial		
(Monthibay)				yricarj	(Month/Day/Year)		8)				Owne	d Following (i)	(I) (Instr. 4)	Ownership (Instr. 4)				
									(A) or (D) Price			Reported Transaction(s)						
									Code	٧	Amount	(D)	Pi	rice		3 and 4)		
Common Stock 05/18/20				2006	006		S		15,000(2)	D	D \$32.7994		94 539,538 ⁽¹⁾		D			
		To	bla II	Dorivot	iivo C		tion	Λοαι	iirad	Dian	osed of,	or Bo	nofic	م نمالید د), wood			
		10	ible II								convertib				wiieu			
																l	. 1	1
1. Title of Derivative	2. Conversion		3A. Deemed Execution Date,		4. Transa	ction	5. Number tion of		6. Date Exercisable and Expiration Date		7. Title and Amount of			Price of rivative	9. Number o derivative	f 10. Ownership	11. Nature of Indirect	
Security	or Exercise		if any	Cod	Code (Instr.	Derivative		(Month/Day/Year)			Securities			curity	Securities	Form:	Beneficial
(Instr. 3) Price of Derivative (Mor			(Month	/Day/Year)	8)	3)		Securities Acquired		Underlying Derivative			l (in	str. 5)	Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)	
Security			(A) or Dispose of (D)			Security (Instrant 4)			str. 3		Following Reported	(I) (Instr. 4)	ľ ,					
											Transaction	(s)						
								(Instr. 3, 4 and 5)								(Instr. 4)		
						1 1		,	-		1							
													Amo or	ount				
									D-4-		Funivation:		Num	ber				
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	of Shar	res				

Explanation of Responses:

1. Includes 6,250 shares of common stock that Dr. Gozani may be required to transfer back to NeuroMetrix, Inc. (the "Company") upon the exercise of stock options under the Company's Amended and Restated 1996 Stock Option/Restricted Option Plan.

2. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 18, 2005.

/s/ Nicholas J. Alessi, Attorney-in-Fact

05/19/2006

** 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.