FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response	: 0.5						

	tion 1(b).	iuc. See		Filed							es Exchang npany Act o					nours	s per re	esponse:	0.5
Name and Address of Reporting Person*     Gozani Shai				2. Issuer Name and Ticker or Trading Symbol NeuroMetrix, Inc. [ NURO ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
											X Di		ector		10% Owner				
													X	X Officer (give title below)			Other (s	specify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 04/30/2020							President & CEO							
C/O NEUROMETRIX, INC.				04/30/2020											Trestuci	ii CC	CLO		
4B GILL	STREET				_														
(Ctra at)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) WOBUE	RN M.	Δ 0	1801										X	,					
,———	BURN WIA 01001														Form filed by More than One Reportin				orting
(City)	(St	ate) (Z	Zip)												Perso	on			
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	3enefi	cially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execu y/Year) if any		Deemed ecution Date, ny onth/Day/Year)				Disposed 0	es Acquired (A Of (D) (Instr. 3,		, 4 and Secur Benef Owne		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount (A) or (D)		or Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 04/3					/2020			P		2,000	A	A \$	2.46	46 17,380			D		
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	on Date,		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
Code V		v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	er									

Explanation of Responses:

Remarks:

/s/ Thomas T. Higgins, Attorney-in-fact

04/30/2020

\*\* 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.