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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject | to |
|-------------------------------------|----|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burd | en | | | | | | |
| hours per response. | 0.5 | | | | | | |

| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol NeuroMetrix, Inc. [NURO] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---------|----------|--|---|---|---|--------------------------|--|--|
| ICP Absolute Return Management, LLC | | | | | Director | Х | 10% Owner | | |
| (Last) (First) (Middle) 3000 SAND HILL ROAD | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2008 | | Officer (give title below) | | Other (specify below) | | |
| BUILDING 3, SUITE 240 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) MENLO PARK | CA | 94025 | | Line) X | Form filed by One F Form filed by More Person | · | • | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | cution Date, ty Code (Instr. by Code (Instr. code (I | | Transaction Disposed Of (D) (Instr. 3, 4 a | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---------------------------------|--|---|---|---|--|---------------|---|---|-------------------------|--------------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock | 02/11/2008 | | s | | 10,000 | D | \$7.5005 | 0 | I ⁽¹⁾ | See footnote ⁽¹⁾ |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (0.9, p, or, or, or, | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|--|-----|--|---------------------|--|-------|--|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | saction of Expiration Date Amount of Derivative derivative C e (Instr. Derivative Securities Securities Acquired Derivative Derivative C Acquired Derivative Derivati | | Expiration Date (Month/Day/Year) d | | Expiration Date Amount of (Month/Day/Year) Securities Underlying Derivative Security (Instr. 3 | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. ICP Absolute Return Management, LLC, a Delaware limited liability company ("ICPARM") is the general partner of Integral Capital Absolute Return Fund, L.P., a California limited partnership ("ICPARM"). ICPARM disclaims beneficial ownership of the shares of the Issuer's common stock held directly by ICARF, except to the extent of any indirect pecuniary interest in its distributive share therein.

| /s/ Pame | la K. Ha | <u>igenah,</u> | |
|----------------|----------|----------------|--|
| <u>Manager</u> | | | |
| | | | |

02/13/2008

** 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.