FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

A/	$ \sim $	20540
Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person* HIGGINS THOMAS T (Last) (First) (Middle) C/O NEUROMETRIX, INC.						2. Issuer Name and Ticker or Trading Symbol NeuroMetrix, Inc. [NURO] 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2024											of Reporting Persocable) or (give title		10% Ov Other (s below)	ner
4B GILL STREET					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person					
(Street) WOBUR	N M	Α (01801			Form filed by More than One Reportin Person											ting			
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Non	-Deriv	ative	Sec	curit	ies Ac	qu	ired, [Disp	osed o	of, or	Ben	eficial	y Owne	t			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution			9,	Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and			Benefic	es ially Following	Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	()	A) or O)	Price	Transac (Instr. 3	tion(s)			(111501.4)				
Common Stock 01/01					/2024			M		469(1)		I) A :		7,693(2)			D			
Common	Stock			01/01	1/2024					F		68(3)	D \$3		\$3.6	6 7,625			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date, T		ransaction ode (Instr.		of		6. Date Exercisable a Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C S F Illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title	1	Amount or Number of Shares					
Restricted Stock Unit	\$3.6	01/01/2024			M			469 ⁽⁴⁾	01	/01/2024	0	1/01/2024	Comm		469	\$3.6	5,156	5	D	

Explanation of Responses:

- 1. Represents shares earned upon the vesting of restricted stock units referenced in footnote 4.
- 2. Effective on November 21, 2023, the Issuer effected a reverse stock split of its common stock at a ratio of 1-for-8 (the "Reverse Split"). The number of shares reported herein gives effect to the Reverse Split.
- $3.\ Represents\ shares\ withheld\ in\ payment\ of\ withholding\ taxes\ upon\ vesting\ of\ the\ restricted\ stock\ units\ referenced\ in\ footnote\ 3.$
- 4. On November 22, 2023, the reporting person was granted 5,625 restricted stock units, which vest in equal quarterly installments over three years beginning on January 1, 2024.

Remarks:

/s/ Thomas T. Higgins, Attorney-in-fact 03/06/2024

** 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.