FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL
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

Name and Address of Reporting Person*     HIGGINS THOMAS T							2. Issuer Name <b>and</b> Ticker or Trading Symbol NeuroMetrix, Inc. [ NURO ]										p of Reportin blicable) ctor er (give title	g Perso	10% C	
(Last) (First) (Middle) C/O NEUROMETRIX, INC. 1000 WINTER STREET						3. Date of Earliest Transaction (Month/Day/Year) 12/07/2017										X Officer (give title Officer (specify below)  Senior Vice President, CFO				
(Street) WALTHA	AM M	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person								
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Ac	quire	d, Dis	sposed o	f, or	Ben	efici	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution D			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				and 5) Sec Ber		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								v	Amount	(A (C	A) or O)	Price		Transa	Transaction(s) (Instr. 3 and 4)			(11341.4)		
Common	12/07/	7/2017				P		2,000	A \$1.5		\$1.5	129	22,963		I	)				
	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)	ative Conversion Date Execution ity or Exercise (Month/Day/Year) if any		n Date, ay/Year)	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	rative rities ired r osed )	Expira	tion Da h/Day/Y			Am Or Am Or Am Or Am Or Nu Of	I			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own For Dire or I (I) (I	nership m: ect (D) ndirect nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

**Explanation of Responses:** 

Remarks:

<u>/s/ Thomas T. Higgins</u> <u>12/07/2017</u>

\*\* 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.