UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

SCHEDULE 13G/A

| UNDER THE SECURITIES E | EXCHANGE ACT OF 1934 |
|------------------------|----------------------|
| (AMENDMENT NO. | 3)* |
| NeuroMetr | rix Inc |
| (Name of I | Issuer) |
| Common S | Stock |
| (Title of Class o | of Securities) |

*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

13G

| 1. NAME OF REPORTS | ING PERSON . IDENTIFICATION NO. OF ABOVE PERSON | |
|------------------------------|--|------------|
| S | tate of Wisconsin Investment Board 39-6006423 | |
| 2. CHECK THE APPRO | OPRIATE BOX IF A MEMBER OF A GROUP * | (0) |
| | Not Applicable | (a) (b) |
| 3. SEC USE ONLY | | |
| 4. CITZENSHIP OR Madison, Wi | PLACE OF ORGANIZATION sconsin | |
| NUMBERS OF SHARES | 5. SOLE VOTING POWER | |
| BENEFICIALLY | 0 | |
| OWNED BY | 6. SHARED VOTING POWER | |
| EACH | Not Applicable | |
| REPORTING | | |
| PERSON WITH | 7. SOLE DISPOSITIVE POWER | |
| | 00 | |
| | 8. SHARED DISPOSITIVE POWER Not Applicable | |
| 9. AGGREGATE AMOU | NT BENEFICALLY OWNED BY EACH REPORTING PERSON 0 | |
| 10. CHECK BOX IF SHARES * | THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN Not Applicable | |
| 11. PERCENT OF CLA | ASS REPRESENTED BY AMOUNT IN ROW 9 0.00% | |
| 12. TYPE OF REPOR | TING PERSON * lic Pension Fund) | |

^{*} SEE INSTRUCTIONS BEFORE FILLING OUT!

ITEM 1. ISSUER

- (a) Neurometrix Inc
- (b) 62 Fourth Avenue Waltham, MA 02451

ITEM 2. PERSON FILING

- (a) State of Wisconsin Investment Board
- (b) P.O. Box 7842 Madison, WI 53707
- (c) Wisconsin State Agency
- (d) See cover page
- (e) See cover page
- ITEM 3. THIS STATEMENT IS FILED PURSUANT TO 13d-1(b) or 13d-2(b) AND THE STATE OF WISCONSIN INVESTMENT BOARD IS A GOVERNMENT AGENCY WHICH MANAGES PUBLIC PENSION FUNDS SUBJECT TO PROVISIONS COMPARABLE TO ERISA.

ITEM 4. OWNERSHIP

- (a) See Row 9 on Page 2
- (b) See Row 11 on Page 2
- (c) The State of Wisconsin Investment Board retains sole voting and dispositive power for all shares.
- ITEM 5. IF THIS STATEMENT IS BEING FILED TO REPORT THE FACT THAT AS OF THE DATE HEREOF THE REPORTING PERSON HAS CEASED TO BE THE BENEFICIAL OWNER OF MORE THAN FIVE PERCENT OF THE CLASS OF SECURITIES, CHECK THE FOLLOWING __X__.
- ITEM 6. NOT APPLICABLE
- ITEM 7. NOT APPLICABLE
- ITEM 8. NOT APPLICABLE
- ITEM 9. NOT APPLICABLE
- ITEM 10. CERTIFICATION

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purpose or effect.

SIGNATURE

After reasonable inquiry to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.