FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burd | en | | | | | | | | | |
| 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

| Name and Address of Reporting Person* Cognories Shair | | | | | | | 2. Issuer Name and Ticker or Trading Symbol NeuroMetrix, Inc. [NURO] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--------|--|-----------------------------|--|--|--|--|----------------------------|-------|---|------|----------------|--|---------------------------------------|---|---|-----------|--|------------|--|
| Gozani Shai | | | | | | | rearonean, me [nono] | | | | | | | | | Direc | ctor | 10 | % O | wner | |
| - | | | | | | | | | | | | | | | X | Office | er (give title | 0 | her (| specify | |
| (Last) | (Fi | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | Λ | belov | , | | low) | | | | | |
| C/O NEUROMETRIX, INC. | | | | | | | 04/02/2012 | | | | | | | | President & CEO | | | | | | |
| 62 FOUR | TH AVEN | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | 4. II Amendment, Date of Original Fried (Month/Ddy/Teal) | | | | | | | | | | Line) | | | | | | |
| (Street) WALTHAM MA 02451 | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| WILLIII WII WIII 02401 | | | | | | | | | | | | | | | Form filed by More than One Reporting | | | | | | |
| (Oit) | (6) | -+-> | 7:> | | | | | | | | | | | | | Pers | on | | | | |
| (City) | (51 | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Se | curitie | s Acc | quired | , Dis | posed o | f, o | r Ber | efici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. 5 | | | | | 4 and See Be | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | . | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 04/02/ | | | | | | | /2012 | | | | 14 | | D | \$0. | .79 | 222,913 | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| | | | (6 | e.g., pu | ıts, c | alls | , warr | ants, | option | ıs, c | onvertib | le s | secur | ities) | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ive Conversion Date Execution Date, T y or Exercise (Month/Day/Year) if any C | | | Transaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ı | 8. Price Derivati Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | V | (A) | (D) | Date Exercisa | | Expiration Date | Titl | or Nu of | nount mber | | | | | | | |

Explanation of Responses:

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

04/04/2012

** Signature of Reporting Person

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.