FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235- 0104						
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hours per	0.5						

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

	Address of Repo Capital Part	9	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 06/09/2021  3. Issuer Name and Ticker or Trading Symbol NeuroMetrix, Inc. [ NURO ]							
(Last) (First) (Middle) 544 EUCLID STREET				Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) SANTA MONICA (City)	CA (State)	90402 (Zip)	-		Director ) Officer (give title below)		(specify		reck Applicable Form filed Person	by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
1. Title of Sec	urity (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	Form: I (D) or I	Direct ndirect				
1. Title of Sec					Beneficially Owned (Instr.	Form: I (D) or I (I) (Inst	Direct ndirect				
				) Derivative	Beneficially Owned (Instr. 4)	Form: I (D) or I (I) (Inst	Direct ndirect r. 5)	Own			
Common Sto		(e.g.		Derivative ls, warran	Beneficially Owned (Instr. 4) 542,240 Securities Beneficia	Form: I (D) or I (I) (Inst	Direct ndirect r. 5)	) sion			

**Explanation of Responses:** 

By: Collin McBimey, managing member of

**Topline Capital** 

Management, LLC, the general partner

\*\* Signature of Reporting

06/14/2021

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).