

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>Topline Capital Management, LLC</u> (Last) (First) (Middle) 544 EUCLID STREET (Street) SANTA MONICA CA 90402 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/09/2021	3. Issuer Name and Ticker or Trading Symbol <u>NeuroMetrix, Inc. [NURO]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) See Explanation in Footnotes	5. If Amendment, Date of Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person _____ <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	542,240	I ⁽¹⁾⁽²⁾	By Topline Capital Partners, LP ⁽³⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
Topline Capital Management, LLC
 (Last) (First) (Middle)
 544 EUCLID STREET
 (Street)
 SANTA MONICA CA 90402
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
McBirney Collin
 (Last) (First) (Middle)
 544 EUCLID STREET
 (Street)
 SANTA MONICA CA 90402
 (City) (State) (Zip)

Explanation of Responses:

1. The reporting persons are (i) Topline Capital Management, LLC, and exempt reporting adviser ("Topline"), and (ii) Collin McBirney, Topline's managing member.
2. Each reporting person may be deemed to beneficially own more than 10% of the issuer's outstanding shares of Common Stock. Each reporting person disclaims beneficial ownership of the shares of Common Stock reported herein except to the extent of his or its pecuniary interest therein, and this report shall not be deemed to be an admission that any reporting person is the beneficial owner of such shares of Common Stock for purposes of Section 16 or for any other purpose.
3. 542,240 shares of Common Stock reported in Table I on this Form 3 are beneficially owned by Topline Capital Partners, LP, Delaware limited partnership (the "Fund"). As a greater than 10% beneficial owner, the Fund is separately reporting its holdings in the issuer's securities on a Form 3 filed concurrently herewith. Topline, as the investment manager and general partner of the Fund, may be deemed to be the beneficial owner of the shares of Common Stock beneficially owned by the Fund. Mr. McBirney, as the managing member of Topline, may be deemed to be the beneficial owner of the shares of Common Stock beneficially owned by the Fund.

Topline Capital
Management,
LLC，By: Collin
McBirney, its Managing
Member 06/14/2021
Collin McBirney 06/14/2021

** 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 5 (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.