FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
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| Washington, D.O. 20040 | OMB AP | |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | |

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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| Name and Address of Reporting Person* Goodman David | | | | | 2. Issuer Name and Ticker or Trading Symbol NeuroMetrix, Inc. [NURO] | | | | | | | | (Che | elationship of the control of the co | cable) | g Pers | son(s) to Iss 10% Ov | | | |
|---|--|------------|--|----------------|--|---|--------------------------------------|--------|---|---|---|--|--|--|-------------------------------------|---|-------------------------|---------|----------------|-------------|
| (Last) | (F | rst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2023 | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | | |
| 4B GILL STREET | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | | | | _ | , | | orting Perso | - 1 |
| WOBUR | .N M | A | 01801 | | | | | | | | | | | | | Form fi Person | | e thar | One Repor | ting |
| (City) | (S | tate) | (Zip) | | Rι | Rule 10b5-1(c) Transaction Indication | | | | | | | • | | | | | | | |
| | | | | | | | | | | | | ction was m s of Rule 1 | | | | act, instructio n 10. | n or written | plan th | at is intended | to |
| | | Tab | le I - Non | -Deriva | ative | Sec | curit | ies Ac | qui | red, C |)isp | osed o | f, or l | 3ene | eficiall | y Owned | | | | |
| Date | | | 2. Transa Date (Month/D | Execution Date | |), T | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 an | | (A) or 3, 4 and | 5. Amou Securitie Beneficia Owned F | es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | G | Code | v | Amount | (A (E | () or () | Price | Transact (Instr. 3 a | tion(s) | | | (IIISti. 4) |
| Common Stock 05 | | | 05/02/ | 2/2023 | | | | М 17 | | 17,64 | 17,647 A | | \$1.39 | 17,649 | | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | Date, Tr | sansaction ode (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expi | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | Co | ode | v | (A) | (D) | Date Exe | e rcisable | | xpiration ate | Title | 0 N | lumber | | | | | |
| Restricted Stock Unit | \$1.39 | 05/02/2023 | | 1 | М | | | 17,647 | 05/0 | 02/2023 | 0: | 5/02/2023 | Comm | | 7,647 | \$1.39 | 0 | | D | |

Explanation of Responses:

Remarks:

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

05/05/2023

** Signature of Reporting Person 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.

^{*} 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).