## Edgar Filing: Gozani Shai - Form 4

Gozani Shai	i									
Form 4										
February 20	, 2018									
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
	UNITED S					NGE C	OMMISSION	OMB	3235-0287	
Check th	nis hov	Wa	shington,	, D.C. 20	549			Number:		
Check this box if no longer								Expires:	January 31, 2005	
subject t		STATEMENT OF CHANGES IN BENEFICIAL OWN						Estimated average		
Section			SECUR	RITIES				burden hours per		
Form 4 Form 5				- ·				response 0.8		
obligatio		uant to Section				•				
may con		of the Public U						1		
See Instr	ruction	30(h) of the In	nvestment	Compar	iy Ac	ct of 1940	0			
1(b).										
(Print or Type	Desponses)									
(I mit of Type	(Kesponses)									
1 Name and	Address of Reporting Pe	erson <sup>*</sup> 2 Loon	n Nomo ond	Tislen on	Tradi		5. Relationship of	Reporting Pers	on(s) to	
Gozani Sha		Symbol	2. Issuer Name <b>and</b> Ticker or Trading			Issuer				
	•	NeuroMetrix, Inc. [NURO]								
<b>.</b>						(Check all applicable)				
(Last)	(First) (Mi		of Earliest Ti	ransaction			V D'	100	0	
C/O NELID		(Month/Day/Year)				_X_ Director 10% Owner _X_ Officer (give title Other (specify				
WINTER S	OMETRIX, INC.,	1000 02/20/2	02/20/2018				below) below)			
	TREET						Pres	ident & CEO		
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
		Filed(Mc	Filed(Month/Day/Year)				Applicable Line)			
Econo filad hu							One Reporting Person Iore than One Reporting			
WALTHA	M, MA 02451						Person		porting	
(City)	(State) (Z	Zip) Tab	lo I Non I	Dorivotivo	Soour	itios Acar	iired, Disposed of,	or Bonoficial	v Owned	
						-			-	
1.Title of Security	2. Transaction Date (Month/Day/Year)		3. Transactio	4. Securit			5. Amount of Securities	6. Ownership	7. Nature of Indirect	
(Instr. 3)		any	Code	(Instr. 3,			Beneficially	Form: Direct		
(		(Month/Day/Year)		(		- /	Owned	(D) or	Ownership	
							Following	Indirect (I)	(Instr. 4)	
					(A)		Reported	(Instr. 4)		
					or		Transaction(s) (Instr. 3 and 4)			
C			Code V	Amount	(D)	Price	(			
Common	02/20/2018		Р	1,000	А	\$	73,696	D		
Stock						1.3634				

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

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 control number.

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Gozani Shai C/O NEUROMETRIX, INC. 1000 WINTER STREET WALTHAM, MA 02451	Х		President & CEO				
Signatures							
/s/ Thomas T. Higgins, Attorney-in-fact	02/20/2018						
**Signature of Reporting Person		Date					

## **Explanation of Responses:**

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.