Edgar Filing: NeuroMetrix, Inc. - Form 4

Name Materia In

NeuroMetri	ix, Inc.											
Form 4												
April 20, 20	006											
	ЛЛ					OMB AF	PROVAL					
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287			
Check t				8	,				Expires:	January 31,		
if no loi subject		EMENT O	F CHA	NGES IN BENEFICIAL OWNERSHIP OF				Estimated average				
Subject				SECURITIES								
Form 4								burden hours per response 0.5				
Form 5	Filed p	ursuant to	Section	16(a) of t	he Securi	ties E	Exchange	e Act of 1934,				
obligati	ons Section 1						-	1935 or Section				
may con See Inst		30(h) of the I	nvestmen	t Compar	iy Ac	t of 194	0				
1(b).	liuction				-							
(Print or Type	Responses)											
	Address of Reportin	ng Person [*]	2. Issu	uer Name and Ticker or Trading 5. Relationship			-	of Reporting Person(s) to				
Gozani Shai Symbol				nbol			Issuer					
			Neuro	roMetrix, Inc. [NURO]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date	of Earliest]	Fransaction			(Check	an applicable)		
			onth/Day/Year)			X Director 10% Owner						
			04/18/2006			_X_Officer (give titleOther (specify						
FOURTH AVENUE			be.			below) Presi	below) below) President & CEO					
				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
WAI THA	M, MA 02451							Form filed by Mo				
WALIIIA	IVI, IVIA 02431							Person				
(City)	(State)	(Zip)	Ta	ble I - Non-	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of	2. Transaction Da	te 2A. Deer	ned	3.	4. Securit	ies Ac	quired (A)	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year		n Date, if		omr Dispos			Securities	Ownership	Indirect		
(Instr. 3)		any		Code	(Instr. 3, 4	and 5	5)	Beneficially	Form:	Beneficial		
		(Month/I	Day/Year)	(Instr. 8)				Owned	Direct (D)	Ownership		
								Following Reported	or Indirect (I)	(Instr. 4)		
						(A)		Transaction(s)	(Instr. 4)			
				Codo V	Amount	or	Drice	(Instr. 3 and 4)	· · · ·			
Common				Code V	Amount 15,000	(D)	Price \$					
Stock	04/18/2006			S	(2)	D	ه 37.400	554,538 <u>(1)</u>	D			
SIUCK					<u> </u>		57.4002	•				

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. Transactio Code (Instr. 8)	5. orNumber 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. 62 FOURTH AVENUE WALTHAM, MA 02451	Х		President & CEO					
Signatures								
/s/ Nicholas J. Alessi, Attorney-in-Fact		04/20/200)6					
**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).
- (1) Includes 6,250 shares of common stock that Dr. Gozani may be required to transfer back to NeuroMetrix, Inc. (the "Company") upon the exercise of stock options under the Company's Amended and Restated 1996 Stock Option/Restricted Option Plan.
- (2) The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 18, 2005.

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.