NeuroMetrix, Inc.

Form 3

| February 06, | 2008 | | | | | | | | |
|---|------------------------|---------------|--|---|--|--|--|----------------------------|--|
| FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | MISSION | OMB APPROVAL | | | |
| | Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0104 | |
| | | INITIAL S | STATEMENT OF BEN | FICIAL | OWNERSH | IIP OF | Expires: | January 31 | |
| | | | SECURI | SECURITIES | | | Estimated average burden hours per | | |
| | | tion 17(a) of | t to Section 16(a) of the the Public Utility Holdi 0(h) of the Investment C | ng Compan | y Act of 193 | | response | | |
| (Print or Type R | esponses) | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> ICP Absolute Return Management, LLC | | | 2. Date of Event Requiring Statement (Month/Day/Year) 12/04/2007 | ement NeuroMetrix, Inc. [NURO] | | | nbol | | |
| (Last) | (First) | (Middle) | | 4. Relationsh Person(s) to 2 | iip of Reporting Issuer | Amendment, Date Original (Month/Day/Year) | | | |
| 3000 SAND ROAD, BU 240 | | G 3, SUITE | | (Checl | c all applicable) |) | | | |
| (Street) MENLO PARK, CA 94025 | | | | (give title below) (specify below) Filing _X_F Person Fe | | | ividual or Join (Check Applica orm filed by Or orm filed by Mo ting Person | able Line) he Reporting | |
| (City) | (State) | (Zip) | Table I - N | Non-Deriva | tive Securiti | urities Beneficially Owned | | | |
| 1.Title of Secur (Instr. 4) | ity | | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Ownership (Instr. 5) | Indirect Bene | ïcial | |
| Common Sto | ock | | 10,000 (1) | | I <u>(1)</u> | See Footn | ote (1) | | |
| Reminder: Repo | - | | ach class of securities benefic | ially | SEC 1473 (7-02 | 2) | | | |
| | info | rmation cont | pond to the collection of ained in this form are not ond unless the form displ | t | | | | | |

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

currently valid OMB control number.

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|-----------|-----------------------|
| (Instr. 4) | Expiration Date | Securities Underlying | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | Derivative Security | or Exercise | Form of | (Instr. 5) |

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| | | (Instr. 4) | | Price of | Derivative |
|---------------------|--------------------|------------|----------------------------------|------------------------|---|
| Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Derivative Security | Security: Direct (D) or Indirect (I) (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | |
|---|----------|---------------|---------|-------|---|--|
| | Director | 10% Owner | Officer | Other | | |
| ICP Absolute Return Management, I 3000 SAND HILL ROAD BUILDING 3, SUITE 240 MENLO PARK, CA 94025 | LC | Â | X | Â | Â | |
| Signatures | | | | | | |
| /s/ Pamela K. Hagenah, 0 Manager | | /2008 | | | | |
| **Signature of Reporting Person | D | ate | | | | |

Explanation of Responses:

- * 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).

10,000 shares which are directly held by Integral Capital Absolute Return Fund, L.P. ("ICARF"). The Reporting Person is the general
(1) partner of ICARF. The Reporting Person disclaims beneficial ownership of the shares held directly by ICARF except to the extent of its pecuniary interest in its distributive share thereof.

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.