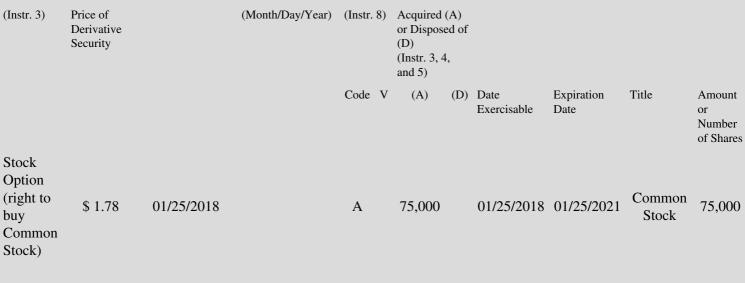
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Gozani Shai Form 4										
January 26, 2018 FORM 4									PPROVAL	
	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					N OMB Number:	3235-0287			
Check this box if no longer				-				Expires:	January 31, 2005	
subject to Section 16. Form 4 or	STATEN	TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated burden hou response	average Irs per	
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(a) of the l	Public U	Jtility Hol	ding Co		nge Act of 1934, of 1935 or Secti 1940			
(Print or Type Respo	nses)									
1. Name and Address of Reporting Person <u>*</u> Gozani Shai			2. Issuer Name and Ticker or Trading Symbol NeuroMetrix, Inc. [NURO]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (I	Middle)		of Earliest T	L	-]	(Che	eck all applicabl	e)	
C/O NEUROMETRIX, INC., 1000 WINTER STREET			(Month/Day/Year) 01/25/2018				X Director 10% Owner X Officer (give title Other (specify below) below) President & CEO			
(Street) WALTHAM, MA 02451			4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
	(State)	(Zip)					Person			
							Acquired, Disposed		•	
	ansaction Date hth/Day/Year)	e 2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)		SecuritiesFBeneficially()Owned()Following()Reported()	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D) Price	Transaction(s) (Instr. 3 and 4)			
Reminder: Report or	n a separate line	e for each cl	ass of sec	urities bene	•	•				
					inforr requi	nation con red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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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	01/26/2018						
**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.