Edgar Filing: HIGGINS THOMAS T - Form 4

HIGGINS T	HOMAS T										
Form 4											
February 12,	2018										
FORM	14							OMB AF	PROVAL		
	UNITED	STATES SH	ECURITIES A Washington			NGE C	OMMISSION	OMB Number:	3235-0287		
Check th								Expires:	January 31,		
if no long subject to		STATEMENT OF CHANGES IN BENEFICIAL OV					NERSHIP OF	Estimated average 2005			
Section 1		SECURITIES						burden hours per			
Form 4 o								response 0.			
Form 5 obligation	n o *					•	e Act of 1934,				
may cont			•	•	· ·		1935 or Section	1			
See Instru 1(b).		30(h) of	the Investmen	t Compai	ny Ac	t of 194	0				
(Print or Type I	Responses)										
	ddress of Reporting	Person [*] _2	. Issuer Name an	d Ticker or	Tradi	ng	5. Relationship of Issuer	Reporting Person(s) to			
HIGGINS T	mbol	ol									
Neurol			euroMetrix, Inc. [NURO]			(Check all applicable)					
(Last)	(First) (I	Middle) 3.	Date of Earliest 7	Transaction			(Cheer)		
(Month/			onth/Day/Year)	th/Day/Year)				Director 10% Owner			
			/12/2018	/2018			XOfficer (give title Other (specify below) below)				
WINTER STREET Senior Vice President, CFO								CFO			
	(Street)	4	If Amendment, D	Date Origina	1		6 Individual or Io	int/Group Filin	o(Check		
			ed(Month/Day/Yea	-				6. Individual or Joint/Group Filing(Check Applicable Line)			
Thea(month				_X_Form filed				y One Reporting Person			
WALTHAN	A, MA 02451						Form filed by M Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secu	ities Acqu	uired, Disposed of,	, or Beneficiall	y Owned		
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)			on(A) or D (Instr. 3,			Securities	Ownership Form: Direct	Indirect		
(Instr. 3)		any (Month/Dav/)	Code Year) (Instr. 8)		4 and	3)	Beneficially Owned	(D) or	Ownership		
		(, (,				Following	Indirect (I)	(Instr. 4)		
					(A)		Reported	(Instr. 4)			
					or		Transaction(s) (Instr. 3 and 4)				
			Code V	Amount	(D)	Price	(msu. 5 and 4)				
Common Stock	02/12/2018		Р	1,000	А	\$ 1.3363	30,963	D			

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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	Securities Acquired (A) or	orNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	′ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
	Director	10% Owner	Officer	Other					
HIGGINS THOMAS T C/O NEUROMETRIX, INC 1000 WINTER STREET WALTHAM, MA 02451	2.		Senior Vice President, CFO						
Signatures									
/s/ Thomas T. Higgins	02/12/2018								
<u>**</u> 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.