Edgar Filing: NeuroMetrix, Inc. - Form 4

Name Materies In

NeuroMetrix	x, Inc.									
Form 4										
March 11, 2	016									
FORM	OMB A	OMB APPROVAL								
	 UNITED STA 	TES SECURITIES		NGE (COMMISSION	OMB	3235-0287			
Check th	is hox	Washingt	shington, D.C. 20549			Number:				
if no lon	aer.						January 31, 2005			
subject to	5 STATEMEN		IGES IN BENEFICIAL OWNERSHIP O SECURITIES			Estimated average				
Section 1 Form 4 c		SEC	URITIES		burden hours per					
Form 5		to Section 16(a) of	the Securities F	lychono	a Act of 1034	response	0.5			
obligatio	-	the Public Utility H		-		n				
may con	unue.	(h) of the Investme	e .	•		1				
<i>See</i> Instr 1(b).	uction	(ii) of the investing	ent company / K							
1(0).										
(Print or Type	Responses)									
	Address of Reporting Person	[*] 2. Issuer Name	2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to				
MCGILLIN	FRANCIS X	Symbol	Symbol			Issuer				
NeuroMetrix, Inc. [NURO]						(Check all applicable)				
(Last)	(First) (Middle)	3. Date of Earlies	t Transaction		(ence	a un applicable	•)			
		(Month/Day/Yea	r)		Director		Owner			
	OMETRIX, INC., 100	0 03/10/2016	03/10/2016			_X_ Officer (give title Other (specify below)				
WINTER STREET Senior VP, Consum							er			
	(Street)	4. If Amendment	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)			Applicable Line)				
					X Form filed by One Reporting Person Form filed by More than One Reporting					
WALTHAN	A, MA 02451				Person	lore than One Re	porting			
(City)	(State) (Zip)	T-LL I N.		•	···· 1 D'···· 1 6					
					uired, Disposed of		•			
1.Title of	2. Transaction Date 2A.		4. Securities A	5. Amount of Securities	6. Ownership Form: Direct					
Security (Instr. 3)	(Month/Day/Year) Exe any		Code (Instr. 3, 4 and 5)			(D) or	Beneficial			
(11501.5)	•					Beneficially(D) orBeneOwnedIndirect (I)Own				
					Following	(Instr. 4)	(Instr. 4)			
			(A)	Reported Transaction(s)					
			OI		(Instr. 3 and 4)					
		Code	V Amount (D		(
Common	02/10/2016		22 700	\$	26.996	D				
Stock	03/10/2016	А	33,728 A	1.79	36,886	D				
				(1)						

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	7. Titl Amou Under Secur (Instr.	int of lying	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		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
MCGILLIN FRANCIS X C/O NEUROMETRIX, INC. 1000 WINTER STREET WALTHAM, MA 02451			Senior VP, Consumer				
Signatures							
/s/ Thomas T. Higgins, Attorney-in-Fact							
**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) The reporting person received his 2015 short-term incentive, net of taxes, in shares of the Issuer's common stock, calculated at the rate of \$1.79 (the closing price of the Issuer's common stock as reported on the NASDAQ Capital Market on March 9, 2016).

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.