FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

| STATEMENT | OF CHAI | NGES IN B | ENEFICIAL | _ OWNERSHIP |
|-----------|---------|-----------|-----------|-------------|

| | OMB APPRO | OVAL | | | | | | |
|---|------------------------|------|--|--|--|--|--|--|
| | OMB Number: 3235-028 | | | | | | | |
| l | Estimated average burd | en | | | | | | |
| l | hours per response: | 0.5 | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* HIGGINS THOMAS T | | | | | 2. Issuer Name and Ticker or Trading Symbol NeuroMetrix, Inc. [NURO] | | | | | | | | | check | all app | olicable) ctor | 10% (| Person(s) to Issuer 10% Owner Other (specify | |
|--|--|-------|---|---------|---|---------------------------|--|---|---------|---|---------|----------|---|--|---|---|--|---|------------|
| (Last) (First) (Middle) C/O NEUROMETRIX, INC. 1000 WINTER STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/21/2017 | | | | | | | | | X Officer (give title below) Other (specify below) Senior Vice President, CFO | | | | | |
| (Street) WALTHAM MA 02451 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally (| Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Da | | n Date, | 3. Transaction Code (Instr. 8) | | | | | | 4 and Secu Bene | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | () () | A) or O) | Price | Tra | | action(s) 3 and 4) | | (11301. 4) |
| Common Stock 06/21 | | | | | 1/2017 | | | | P | | 1,000 | | A | \$2.834 | | 1 | 5,963 | D | |
| | 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) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day | | Date, | 4. Transaction Code (Instr. 8) | | n of Deriv | r osed) r. 3, 4 | 6. Date Exercis Expiration Date (Month/Day/Yea | | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

/s/ Thomas T. Higgins

06/21/2017

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.