FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

1. Name and Address of Reporting Person* Prasad Priya	ron* Requiring		Syrar)							
(Last) (First) (Middle) C/O SYRA HEALTH CORP. 1119 KEYSTONE WAY N., #201 (Street) CARMEL IN 46032 (City) (State) (Zip)			to Iss		10% O Other (specit below))wner fy	Ori	ndividual or J ng (Check Ap Form filed Reporting Form filed	oint/Group plicable Line) by One	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			Secui	ficially Owned	Ownership		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class B Common Stock				175,000(1)	D	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)				itle and Amount of Securitic erlying Derivative Security		4. Conversio n or Exercise Price of Derivative Security		5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Evaluation of Doggoogs	Date Exerc isabl e	Expirat ion Date		Title	Amount or Number of Shares	Secur	rity			

Explanation of Responses:

1. Each outstanding share of Class B common stock is convertible into 10 shares of the Issuer's Class A common stock and is entitled to 16.5 votes per share.

/s/ Priya Prasad

09/28/2023

** Signature of Reporting Date Person

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 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). 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.