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* <u>Vuppalanchi Deepika</u>		ate of Ever hiring ement th/Day/Ye 6/2023	<u>Sy</u> 1	3. Issuer Name <b>and</b> Ticker or Trading Symbol  Syra Health Corp [ SYRA ]						
(Last) (First) (Middle) C/O SYRA HEALTH CORP. 1119 KEYSTONE WAY N., #201  (Street) CARMEL IN 46032  (City) (State) (Zip)		09/20/2023		4. Relationship of Reporto Issuer (Check all applicable) X Director Officer X (give title below) Chief Executiv e Officer		10% Owner Other (specify below)		<ul> <li>5. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			Secu	nount of rities eficially Owned r. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class B Common Stock				250,000 <sup>(1)</sup>	D	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)	Exercise and Ex Date	Exercisable and Expiration Date (Month/Day/Ye ar)  Date Exerc Expirat isabl ion		tle and Amount of Securiti erlying Derivative Security Title				5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

## **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/ Deepika **Vuppalanchi**

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.