FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

3235-0104 Number: Estimated average

burden

hours per 0.5 response:

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 3. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting 2. Date of Event Requiring Syra Health Corp [SYRA] Person* Statement Sved Feroz (Month/Day/Year) 09/26/2023 4. Relationship of Reporting Person(s) 5. If Amendment, Date of Original Filed (Month/Day/Year) (Middle) (Last) (First) (Check all applicable) C/O SYRA HEALTH CORP. Director X 10% Owner 1119 KEYSTONE WAY N., #201 Other 6. Individual or Joint/Group Officer (give Filing (Check Applicable Line) (specify title below) below) Form filed by One (Street) Reporting Person CARMEL IN 46032 Form filed by More than One Reporting Person (City) (State) (Zip) **Table I - Non-Derivative Securities Beneficially Owned** 1. Title of Security (Instr. 4) 2. Amount of 4. Nature of Indirect **Securities Ownership** Beneficial Ownership (Instr. **Beneficially Owned** Form: 5) (Instr. 4) Direct (D) or Indirect (I) (Instr. 5) 175,000⁽¹⁾ Class B Common Stock D Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative Security (Instr. 4) 2. Date 3. Title and Amount of Securities 6. Nature of Exercisable Underlying Derivative Security (Instr. Conversio Ownership Indirect and Expiration Beneficial n or Form: Exercise Direct (D) Ownership Date (Month/Day/Ye or Indirect (Instr. 5) Price of ar) **Derivative** (I) (Instr. 5) Security Amount Date or **Expirat** Number Exerc isabl ion of Date Title **Shares** е

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.

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

/s/ Deepika Vuppalanchi, as Attorney-in-Fact for

09/28/2023

Feroz Syed

** 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.