FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0104 Number:

Estimated average burden

# hours per response:

0.5

# **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*  2. Date Requirin Stateme (Month)		//Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol Syra Health Corp [ SYRA ]							
(Last) (First) (Middle) C/O SYRA HEALTH CORP.	10/03/202		to Iss (Che	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) CARMEL IN 46032 (City) (State) (Zip)				Officer (give title below)	Other (specif below)			Form filed Reporting Form filed	plicable Line) by One	
	l - Non-De	erivat	ive Se	ecurities Bene	eficially (	Owne	d			
1. Title of Security (Instr. 4)			2. Am Secui	ount of rities ficially Owned	3. Owners Form: Direct or Indi	3. Ownership Form: Direct (D) or Indirect (I) (Instr.		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
				tle and Amount of Securiti orlying Derivative Security		4. Conve n or Exerci Price of Deriva	ise of ative	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exerc Expiration isabl ion e Date			Title	Amount or Number of Shares	Securi	ity			

### Explanation of Responses:

#### **Remarks:**

Exhibit List: Exhibit 24 - Power of Attorney

No securities are beneficially owned.

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

10/03/2023

\*\* 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 form displays a currently valid OMB Number.	the