FORM 3

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

Washington, D.C. 20549

# Number:

OMB 3235-0104 Estimated average burden

0.5

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OMB APPROVAL

## **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* Paranjape Ketan	2. Date of E Requiring Statement (Month/Day, 10/03/2023	Year)	Syra Health Corp [ SYRA ]							
(Last) (First) (Middle) C/O SYRA HEALTH CORP.	10/03/2023	,	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)			
1119 KEYSTONE WAY N., #201  (Street)  CARMEL IN 46032				Officer (give title below)	Other (speci below)			Form filed Reporting Form filed	plicable Line) by One	
(City) (State) (Zip)			·							
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			Secui	ficially Owned	Form: Direct or Indi	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)										
1. Title of Derivative Security (Instr. 4)				tle and Amount of Securiti erlying Derivative Security		4. Conve n or Exerci Price Deriva	ise of ative	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Exerc Expiration e Date	t		Title	Amount or Number of Shares	Secur	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 Ketan Paranjape

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