FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0104 Number:

Estimated average burden

hours per 0.5 response:

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* Reddy Avutu	2. Date of Eve Requiring Statement (Month/Day/Y		3. Issuer Name and Ticker or Trading Symbol Syra Health Corp [SYRA]							
(Last) (First) (Middle) C/O SYRA HEALTH CORP.	10/03/2023		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)			Secur	icially 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)				Amount of Securit Derivative Securit		n or Exerc Price Deriv	onversio or cercise rice of erivative	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Exerc Expirat isabl ion e Date			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 Avutu S. Reddy

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