FORM 4

Check this box if no

Section 16. Form 4 or

longer subject to

Form 5 obligations

may continue. See

Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

Estimated average burden

hours per 0.5 response:

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

)b5-1(c).	ons of																
1. Name and Address of Reporting Person* Rogers Sherron						2. Issuer Name and Ticker or Trading Symbol Syra Health Corp [SYRA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
													Director		100	% Owner	
(Last) (First) (Middle) C/O SYRA HEALTH CORP.							3. Date of Earliest Transaction (Month/Day/Year) 10/09/2023							Officer (give title below) Other (specible)		ecify	
YSTON	NE WA	Y N., #	201			-,											
(Street)													• •				
CARMEL IN 46032													Form filed by One Person			Reporting	
													Form filed by More than One Reporting Person				
(City) (State) (Zip)																	
		Table I	- Non	-Deriv		ecuri	ties Ac	quire	ed, Di	isposed	of, or B	eneficiall	y Owned	<u> </u>			
on Date					ti Dee Exec D n Da	Deemed Executio n Date, if any				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Securiti Benefic Owned Followin	es ially 1g	Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					ay/Year)		Carla				(A) or	Drico	Transaction((i) (instr. 4)		
							Code	V	A	mount	(D)	Frice		and			
			Tabl				ties Acq	uired,	Dispo	sed of, or	Beneficia	ally Owned		and			
2. Conversi on or Exercise Price of Derivativ	3. Transact ion Date (Month/ Day/Year)	3A. Deemed Executio n Date, if any (Month/	4. Tran			r of Acquire	ties Acq varrants 6. Da Exerc Expir f (Mon	uired, , opti	Dispo		Beneficia securitie Amount of Derivative	ally Owned		9. Numb of derivativ Securitie Beneficie Owned	Ownersh Form: Direct (Direct (Direct (I) (Instr	of Indirect Beneficial Ownership ct (Instr. 4)	
Conversi on or Exercise Price of	Transact ion Date (Month/	Deemed Executio n Date, if any	4. Tran	(e.ç	5. Numbe Derivative Securities (A) or Dis (D) (Instr.	r of Acquire	ties Acq varrants 6. Da Exerc Expir f (Mon	uired, , option te cisable ation D th/Day/	Dispo	osed of, or onvertible 7. Title and Underlying	Beneficia securitie Amount of Derivative d 4)	ally Owned	8. Price of Derivative Security	9. Numb of derivativ Securitie Beneficia	Ownersh Form: Direct (E or Indire (I) (Instr d d tion	Beneficial Ownership ct (Instr. 4)	
	e condition to b5-1(c). tion 10. tion 10. tion Add Sherr (Fig. A HEARTYSTON	e conditions of Db5-1(c). See tion 10. Ind Address of I Sherron (First) RA HEALTH C EYSTONE WA' L IN (State)	e conditions of Ob5-1(c). See tion 10. Ind Address of Reporting Sherron (First) (Mic A HEALTH CORP. EYSTONE WAY N., # L IN 46 (State) (Z	Cobb-1(c). See tion 10. Ind Address of Reporting Per Sherron (First) (Middle) RA HEALTH CORP. CYSTONE WAY N., #201 L IN 46032 (State) (Zip) Table I - Nonecurity (Instr. 3)	Cobb-1(c). See tion 10. Ind Address of Reporting Person* Sherron (First) (Middle) RA HEALTH CORP. EYSTONE WAY N., #201 L IN 46032 (State) (Zip) Table I - Non-Derive (Month) Transac on Date (Month)	Cobs-1(c). See tion 10. Ind Address of Reporting Person* Sherron (First) (Middle) AA HEALTH CORP. CYSTONE WAY N., #201 4. If (Month of Month) of Month	tion 10. Ind Address of Reporting Person* Sherron (First) (Middle) A HEALTH CORP. CYSTONE WAY N., #201 L IN 46032 (State) (Zip) Table I - Non-Derivative Securit (Month/Date) (Month/Date) (Month/Date) A HEALTH CORP. 2. Transacti on Date (Month/Date) (Month/Date) (Month/Date) (Month/Date)	Table I - Non-Derivative Securities Action 10. 2. Issuer Name a Symbol Syra Health 3. Date of Earlies (Month/Day/Year 10/09/2023 4. If Amendment (Month/Day/Year 10/09/2023) Table I - Non-Derivative Securities Action Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)	Table I - Non-Derivative Securities Acquire (State) (St	tion 10. Ind Address of Reporting Person* Sherron (First) (Middle) SA HEALTH CORP. SYSTONE WAY N., #201 L IN 46032 (State) (Zip) Table I - Non-Derivative Securities Acquired, Dispensed (Month/Day/Year) 1. Issuer Name and Ticker Symbol Syra Health Corp [3. Date of Earliest Transact (Month/Day/Year) 10/09/2023 4. If Amendment, Date of (Month/Day/Year) Table I - Non-Derivative Securities Acquired, Dispensed (Month/Day/Year) 2. Issuer Name and Ticker Symbol Syra Health Corp [3. Date of Earliest Transact (Month/Day/Year) 10/09/2023 4. If Amendment, Date of (Month/Day/Year) Table I - Non-Derivative Securities Acquired, Dispensed (Month/Day/Year) (Month/Day/Year) 3. Date of Earliest Transact (Month/Day/Year) 10/09/2023 4. If Amendment, Date of (Month/Day/Year) (Month/Day/Year) 3. Date of Earliest Transact (Month/Day/Year) 10/09/2023 4. If Amendment, Date of (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Date of Earliest Transaction (Month/Day/Year)	2. Issuer Name and Ticker or Trad Symbol Sherron (First) (Middle) A HEALTH CORP. 2. Syra Health Corp [SYRA] 3. Date of Earliest Transaction (Month/Day/Year) 10/09/2023 4. If Amendment, Date of Original (Month/Day/Year) L IN 46032 (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of (Date (Month/Day/Year)) Transaction (Month/Day/Year) 2. Deemed Execution Date (Month/Day/Year) Transaction (Month/Day/Year) 4. Securities A Disposed Of (Date (Instr. 8)) Transaction Date (Month/Day/Year) (Month/Day/Year)	2. Issuer Name and Ticker or Trading Symbol Syra Health Corp [SYRA] (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 10/09/2023 4. If Amendment, Date of Original Filed (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or B ecurity (Instr. 3) 2. Transacti on Date, if any (Month/Day/Year) 2. Transaction Date, if any (Month/Day/Year) 4. Securities Acquired (Disposed Of (D) (Instr. 20) (2. Issuer Name and Ticker or Trading 5. R. Symbol 5. Symbol 5. Symbol 5. Symbol 5. Symbol 5. Symbol 5. R. Symbol 5. Symbol 5. Symbol 5. Symbol 6. In Check 6. In Check 7. Symbol 7. Syra Health Corp [SYRA] 7. Syra Health Corp [SYRA] 8. Date of Earliest Transaction (Month/Day/Year) 10/09/2023 10	2. Issuer Name and Ticker or Trading Symbol	A HEALTH CORP. (State) (State) (State) (State) (Month/Day/Year) (State) (A) (Bind Address of Reporting Person* Sherron (First) (Middle) (A) (First) (Middle) (Month/Day/Year) (A) or Price (A) (Check all applicable to Issuer (Check all appl	2. Issuer Name and Ticker or Trading Symbol	

\$2.68 **Explanation of Responses:**

1. The options shall vest in four equal annual installments with the first installment vesting on the date of grant.

<u>/s/ Deepika</u> Vuppalanchi, as Attorney-in-Fact for

10/10/2023

Sherron Rogers

** 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 4 (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.