## FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB APPROVAL 3235-0287 Number:

Estimated average burden

hours per 0.5 response:

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 defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person* <u>Vuppalanchi Deepika</u>							Symbol							Relationship of Reporting Person(s) Issuer heck all applicable)			
								<i>-</i>	001	T .			<b>y</b>	Direct	or	10%	6 Owner
(Last) (First) (Middle) C/O SYRA HEALTH CORP.							3. Date of Earliest Transaction (Month/Day/Year) 12/04/2023								Officer (give title below)		er ecify ow)
1119 KEYSTONE WAY N., #201														CEC	)		
(Street) CARMEL IN 46032							4. If Amendment, Date of Original Filed (Month/Day/Year)						(Ch	Individual or Joint/Group Filing neck Applicable Line) Form filed by One Reporting			
(City) (State) (Zip)							•							Person Form filed by More than One Reporting Person			
			Table I	- Nor	1-Deriv	ative S	Securi	ties Ac	quire	ed, D	isposed	of, or	Beneficial	ly Owned	<u> </u>		
2. Transact n Date (Month/D y/Year)					Da n D	emed ecutio Date, iny	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4				Benefic Owned Followi	ies ially ng	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Month/ Day/Year	Code	v	А	mount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(I) (Instr. 4)	
Class A Common Stock 12/04/20 23						20		P			426 A		\$1.17	42	26	D	
				Tabl							osed of, o		cially Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversi on or Exercise Price of Derivativ e Security	3. Transact ion Date (Month/ Day/Yea r)			nsaction Instr. 8)	5. Numb Derivativ Securitie (A) or Di	5. Number of Derivative Securities Acquir A) or Disposed of D) (Instr. 3, 4 an		6. Date Exercisable Expiration I (Month/Day		7. Title and Amound Underlying Deri		of Securities	8. Price of Derivative Security (Instr. 5)	9. Numb of derivativ Securitie Beneficia Owned Followin	Ownership Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership
				Code	l v	(A)	(D)	Da Exer bl	cisa	Expira tion Date	Title		Amount or Number of Shares		Reported Transaction (s) (Instr.	on	

## **Explanation of Responses:**

/s/ Deepika Vuppalanchi

12/26/2023

\*\* 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 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.