## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE**

Washington, D.C. 20549

COMMISSION	
Jachington D.C. 20540	

Check this box if no longer subject to Section 16. Form 4 or 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 defense conditions of Rule 10b5-1(c). See

## 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

OMB APPROVAL

OMB

3235-0287 Number:

Estimated average burden

hours per 0.5 response:

1. Name and Address of Reporting Person* <u>Dahlem Andrew</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Syra Health Corp [ SYRA ]							to	. Relationship of Reporting Person(s) o Issuer Check all applicable)					
										-				X	Direct	or		10%	Owner
(Last) (First) (Middle) C/O SYRA HEALTH CORP. 1119 KEYSTONE WAY N., #201					(Month	3. Date of Earliest Transaction (Month/Day/Year) 11/14/2024								Officer (give title below)			Other (specify below)		
						4. If Amendment, Date of Original Filed 6. In								ndividual or Joint/Group Filing					
(Street)	(Street)					(Month	(Month/Day/Year) (Ch								eck Applicable Line)  Form filed by One Reporting				
	Street) CARMEL IN 46032													X	Persor		y On	іе керо	orting
(City)	(5)	tate)	(7	<u>Z</u> ip)											Form f Report			ore than	n One
(City)	(3)	Late)	(2	-ip <i>)</i>															
			Table I	- Non	-Deriva	tive Se	curit	ies Acc	quire	d, D	isposed	of, or E	Beneficia	lly	Owned				
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1. Title of Derivative Security	2. Conversi on or Exercise	3. Transact ion Date (Month) Day/Year	3A. Deemed Executio n Date, if any	Tabl	2. Transact on Date (Month/I ay/Year)  e II - Der (e.g. saction !!	i Deemme Execution in Date any (Month ay/Year	ed tio e, if h/D ar) ecurit ills, w	3. Transac Code (Ir 8) Code	v uired, optic e isable a ation D h/Day/	4. Se Dispons, co	mount  sed of, or onvertible  7. Title and Underlying	(A) or (D) Benefic securiti Amount of Derivative d 4)	Price	55)	5. Amou Securitii Benefici Owned Followin Reporte Transaci (Instr. 3 4)	ent of eally eg d tion(s) and 9. Numb of derivativ Securitic Benefici	Owr Forr Dire or Ir (I) (I 4)	nership m: sct (D) ndirect Instr.  10. Ownership Form: Direct (D) Ore Indirect	of Indirect Beneficial Ownership (Instr. 4)  11. Nature of Indirect Beneficial Ownership

## **Explanation of Responses:**

1. The options were issued pursuant to the Issuer's 2022 Omnibus Equity Incentive Plan and vest as follows: (i) 25% of the options vested immediately on the date of grant and (ii) the balance of the options shall vest in 12 equal monthly installments.

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

11/18/2024

**Andrew Dahlem** 

\*\* Signature of Reporting 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.