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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

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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

						_											
1. Name and Address of Reporting Person* Reddy Avutu					Sym	2. Issuer Name and Ticker or Trading Symbol Syra Health Corp [SYRA]						to Is	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
						-							X	Direct	or	10)% Owner
(Last) (First) (Middle) C/O SYRA HEALTH CORP. 1119 KEYSTONE WAY N., #201					(Mor	3. Date of Earliest Transaction (Month/Day/Year) 11/14/2024							Office title b	r (give elow)	(s	ther pecify Plow)	
										e of	Original	Filed		ndividual	,		Filing
(Street) CARMEL IN 46032					(Mor	itn/Da	ıy/Year)				(Che	eck Appli Form Persoi	filed b	Line) y One Re	porting	
(City) (State) (Zip)														filed by	y More tl erson	an One	
			Table I	- Nor	-Deriv	ative S	ecurit	ties Ac	auiro		isnosad	of or B	onoficiall	v Ownoo			
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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

Avutu S. Reddy

** 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.