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 105-1(c) See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SE	OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

hours per response: 0.5

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

Instruc	cion 10.																	
1. Name and Address of Reporting Person* Reddy Vijayapal					2. Issuer Name and Ticker or Trading Symbol Syra Health Corp [SYRA]							to Is	. Relationship of Reporting Person(s) o Issuer Check all applicable)					
								X	Direct	or	1	.0%	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)		
III KL	10101	12 11/1	1 14., "	201		 4 f Am	end	ment	Dat	te of	Original	Filed	6 In	dividual	or loir	nt/Grou	Fili	na
(6)														ndividual or Joint/Group Filing eck Applicable Line)				
(Street) CARME	L 1	IN	46	032									X	Form f		y One R	epor	ting
												y More	han	One				
(City)	(Si	tate)	(Z	ip)										Repor	ting Pe	erson		
			Table I	- Noi	า-Deriva	tive Sec	ıriti	es Ac	quir	ed, D	isposed	of, or B	eneficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transact on Date (Month/lay/Year)			Executi n Date, any	o C if 8	ransaction Code (Instr.			ecurities A osed Of (I		(A) or 3, 4 and 5)	Securiti Benefici Owned Followir	Following		ip o B ct ('. Nature of Indirect Beneficial Ownership Instr. 4)			
				(Month ay/Yea)	Code	v	A	mount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(I) (Instr. 4)				
				Tab	le II - Der	vative Sec							ally Owned					
						, puts, call	s, wa	rrants,	, opu	ulis, c	onvertible	securitie	es)					
1. Title of Derivative Security (Instr. 3)	2. Conversi on or Exercise Price of Derivativ	3. Transact ion Date (Month/ Day/Year)	3A. Deemed Executio n Date, if any (Month/	4. Trai	(e.g.		uired d of	6. Dat Exerc Expira	te isable ation [and	7. Title and Underlying (Instr. 3 an	l Amount o Derivative	f Securities	8. Price of Derivative Security (Instr. 5)	of derivativ Securitie Beneficia Owned	Owner Form Direct or Inc. (I) (Ir	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Derivative Security	Conversi on or Exercise Price of	Transact ion Date (Month/	Deemed Executio n Date, if any	4. Trai	(e.g.	, puts, call . Number of Derivative Securities Acc A) or Dispose D) (Instr. 3,	uired d of	6. Dat Exerc Expira	te isable ation I th/Day	and Date	7. Title and Underlying	I Amount o Derivative d 4)	f Securities	Derivative Security	of derivativ Securitie Benefici	Owner Form Direct or Inc (I) (Ir g d) dition	t (D) lirect	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 Vijayapal R. Reddy

11/18/2024

** Signature of Reporting

Person

ng Date

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.