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).

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

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* Reddy Vijayapal						Symb	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)					
(Last) (First) (Middle) C/O SYRA HEALTH CORP. 1119 KEYSTONE WAY N., #201						3. Da	3. Date of Earliest Transaction (Month/Day/Year) 01/07/2025							Direct Office title b		10% Owner Other (specify below)			
(Street) CARMEL IN 46032 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)							ndividual or Joint/Group Filing eck Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				ting		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti on Date (Month/D ay/Year)				Exec D n Da) any	Deemed Executio n Date, if any		Transaction Code (Instr.		. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Benefic Owned Followin		6. Owner Form: Direct or Indi	ship o B (D) O rect (I	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					(Month/D ay/Year)		Code	٧	A	mount	(A) or (D)	Price	Reporte Transac (Instr. 3 4)	tion(s)	(I) (Ins 4)	tr.			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversi on or Exercise Price of Derivativ e Security	3. Transact ion Date (Month/ Day/Year)	Deemed Execution Date, if any (Month/Day/Year)		nsaction Instr. 8)	Derivative Securities (A) or Disp	Securities Acquired A) or Disposed of D) (Instr. 3, 4 and		6. Date Exercisable a Expiration Da (Month/Day/)		te (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numb of derivativ Securitie Beneficia Owned Followin	Ow re For es Dir ally or	nership m: ect (D) ndirect (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Dat Exerc blo	cisa	xpirat ion Date			Amount or Number of Shares		Reported Transact (s) (Insti	d tion			
Stock Options	\$0.7386	01/07/20 25		A		12,136		(1)		01/07/ 2035	Class A Common Stock		12,136	\$0 27,578		8	D		

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

01/08/2025

Vijayapal R. 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.