## 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

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

Washington, D.C. 20549

OMB	APPRO	VAL

OMB 3235-0287 Number:

Estimated average burden

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

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\* **Dahlem Andrew** (Last) (First) (Middle) C/O SYRA HEALTH CORP. 1119 KEYSTONE WAY N., #201 (Street)

IN

(State)

46032

(Zip)

**CARMEL** 

(City)

Issuer Name and Ticker or Trading Symbol Syra Health Corp [ SYRA ]

3. Date of Earliest Transaction (Month/Day/Year) 01/07/2025

4. If Amendment, Date of Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

Director 10% Owner Other Officer (give (specify title below)

below)

6. Individual or Joint/Group Filing (Check Applicable Line)

Form filed by One Reporting Form filed by More than One Reporting Person

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)	2A. Deemed Executio n Date, if any (Month/D ay/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	Direct (D) or Indirect	Beneficial Ownership	
			Code	V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of or Reneficially 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	3. Transact ion Date (Month/ Day/Year )	3A. Deemed Executio n Date, if any (Month/ Day/Year )	4. Transaction Code (Instr. 8)		Derivative Securities Acquired		6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Price of Derivative Security (Instr. 5)	of derivative Securities Beneficially	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Se	Security			Code	v	(A)	(D)	Date Exercisa ble	Expirat ion Date	Title	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)			
Stock Options	\$0.7386	01/07/20 25		Α		9,102		(1)	01/07/ 2035	Class A Common Stock	9,102	<b>\$</b> 0	20,683	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 Andrew Dahlem

01/08/2025

\*\* 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.