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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

С	MB	API	PRO	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

defens Rule 1	e conditi 0b5-1(c). ction 10.	ons of															
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.						(Mor	3. Date of Earliest Transaction (Month/Day/Year) 01/07/2025						Officer (give title below)		(Sp	ner ecify low)	
1119 KI	EYSTO	VE WA	Y N., #	201													
(Street)	L]	IN	46	5032									ndividual or Joint/Group Filing eck Applicable Line) Form filed by One Reporting Person			-	
(City)	(Si	tate)	(2	Zip)		-	Form filed b Reporting P								y More than One erson		
			Table I	- Nor	ı-Deriv	ative S	ecuri	ties Ac	quir	ed, D	isposed	of, or B	eneficial	y Owned	d		
1. Title of Security (Instr. 3) 2. Transact on Date (Month/L ay/Year)				Exe /D n D n any		3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3)			and 5) Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							nth/D (ear)	Code	v	А	mount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(I) (Instr. 4)	
				Tab							sed of, or onvertible		ally Owned				
Derivative Security (Instr. 3)	2. 3. Transact ion Date Exercise Price of Derivativ)		Deemed Executio n Date, if any (Month/		nsaction Instr. 8)	5. Number Derivativ Securitie (A) or Dis	. Number of Derivative ecurities Acquired A) or Disposed of D) (Instr. 3, 4 and		6. Date Exercisable ar Expiration Dat (Month/Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Securities	8. Price of Derivative Security (Instr. 5)	of derivative Securities Beneficially Owned	Ownersh Form: Direct (I or Indire (I) (Instr	Beneficial Ownership cct (Instr. 4)
	e Security		Day/Year)	Code	v	(A)	(A) (D)	Da Exer bl	cisa	Expirat ion Date	Titl	e	Amount or Number of Shares		Followin Reported Transact (s) (Instr	ion	
		01/07/20		Α	Ī	12,136		(1		01/07/	Class A C	ommon	12,136	\$0	27,57	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

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.