## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average b	ourden
houre por rosponso	0.5

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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		s)													
1. Name and Address of Reporting Person* FOLEY DONALD E			2. Issuer Name and Ticker or Trading Symbol BioSig Technologies, Inc. [BSGM]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O BIOSIG TECHNOLOGIES, INC., 55 GREENS FARMS ROAD (Street) WESTPORT, CT 06880			Date of Earliest Transaction (Month/Day/Year)     12/28/2021      High Amendment, Date Original Filed(Month/Day/Year)						-	Officer (give title below)  Other (specify below)  6. Individual or Joint/Group Filing(Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu			es Acquir	tired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		Execution Date, if C		(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership			
								in this f	s who respon	equired	to respond	unless the		ed SEC	1474 (9-02)
								in this f	orm are not r s a currently sed of, or Bend	equired valid OM	to respond IB control r	unless the		ed SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion of S	s, warr . Numb f Deriva ecuritie cquired r Dispo f (D) Instr. 3,	er ative es d (A)	in this t display uired, Dispo options, co	orm are not rest a currently sed of, or Bendenvertible securicisable and Date	equired valid ON eficially Crities)	to respond  IB control r  Owned  and Amount rlying es	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Naturof Indire Beneficis Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	tion of S	s, warr  Numb  f Deriva  ecuritie  cquired  r Dispo  f (D)	rants, per ative es d (A) sed 4,	in this to display nired, Dispositions, co 6. Date Exe Expiration	orm are not rest a currently assed of, or Bendonvertible securicisable and Date //Year)	equired valid ON eficially Crities)  7. Title a of Under Securities	to respond  IB control r  Owned  and Amount rlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Natur of Indire Beneficis Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
FOLEY DONALD E C/O BIOSIG TECHNOLOGIES, INC. 55 GREENS FARMS ROAD WESTPORT, CT 06880	X				

### **Signatures**

/s/ Kenneth L. Londoner, attorney-in-fact	04/25/2022	
**Signature of Reporting Person	Date	

# **Explanation of Responses:**

- \* 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).
- (1) The stock options shall be fully vested and exercisable as of December 28, 2021, the date of the grant, subject to the terms and conditions of the BioSig Technologies, Inc. 2012 Equity Incentive Plan and the stock option agreement by and between the Company and the reporting person.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.