FORM 4

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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| nours per respons | se 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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | |
|--|-------------|--|--|---|--------|------------------------------|---|--------------------------|---|--|---|---------------------|---------------------------------------|--|--|---------------|
| 1. Name and Address of Reporting Person * Tanaka Roy T | | | | 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., 8441 WAYZATA BLVD., SUITE 240 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/14/2016 | | | | | | | Office | er (give title belo | ow) (| Other (specify belo | ow) | |
| (Street) MINNEAPOLIS, MN 55426 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | |
| (City |) | (State) | (Zip) | Table I - Non-Derivative Securities Acqui | | | | | | ired, Disposed of, or Beneficially Owned | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, it any (Month/Day/Year | | if Code (Instr. 8) | | | 4. Securities Acqu (A) or Disposed or (D) (Instr. 3, 4 and 5) | | of Benefic Reporte | | ount of Securities cially Owned Following ed Transaction(s) 3 and 4) | | Ownership of Brorm: Brorm: Oirect (D) | Nature of Indirect Beneficial Ownership Instr. 4) | | |
| | | | | | Code | | V | V Amount (A) or (D) Pr | | Price | e | | | (I) (Instr. 4) | iisu. +) | |
| Common | Stock | | 12/14/2016 | | | | A | | 20,87 | 5 A | \$ 0 | 50,875 | | | D | |
| indirectly. | кероп он а | separate line is | or each class of secu | | | | | Perso conta the fo | ons wh ained i orm dis | n this for splays a | m ar curre | e not req | uired to re d OMB cor | nformation espond unle ntrol numbe | ess | 2 1474 (9-02) |
| | | | Table II - D | erivative S .g., puts, ca | | | | | | | | | i | | | |
| Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/\footnote{\text{V}} | Execution Da | Code | action | 5. Numbe of Derivative | | and I (Mor | 5. Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Exercisable Date | | Am Und Sec (Ins 4) | Amount or Number | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
| | | | | Code | e V | (A) | (D) | EXCI | CISAUIC | Date | | of Shares | | | | |

Reporting Owners

| Donatics Community (Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Tanaka Roy T C/O BIOSIG TECHNOLOGIES, INC. 8441 WAYZATA BLVD., SUITE 240 MINNEAPOLIS, MN 55426 | X | | | | | | |

Signatures

| /s/ Kenneth L. Londoner, attorney-in-fact | 02/09/2017 |
|---|------------|
| **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).

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.