FORM 4

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

OMB APPROVAL
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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 Type Responses) 1. Name and Address of Reporting Person * Filler Andrew Lawrence				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					
(Last) (First) (Middle) C/O BIOSIG TECHNOLOGIES, INC., 54 WILTON ROAD, 2ND FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 10/16/2019						Office	r (give title belo	ow)	Other (specify	below)	
WESTPO	ORT, CT 0	(Street)		4. If Ame	endment,	Date Origi	inal File	ed(Month/I	Day/Year)		_X_ Form fil	ed by One Repo	Group Filing orting Person one Reporting		ble Line)
(City	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					Acqui	nired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	2A. Deen Execution any (Month/D	n Date, if	(Instr. 8)		4. Securities Acqu (A) or Disposed or (Instr. 3, 4 and 5)		of (D) Benefici		ant of Securities ially Owned Following d Transaction(s) and 4)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				Ì	•	Code	V	Amount	(A) or (D)	Price				· /	(Instr. 4)
	Ctools		10/16/2019			A	2	25,000	A	\$ 0	98,808			D	
Reminder:		separate line fo	or each class of seco	urities benef	ficially ov	wned direc	Perso	ns who	respo			ction of inf			1474 (9-02)
		separate line fo		Derivative	e Securiti	ies Acquir	Perso contai the for	ns who ined in rm disp	respo this for plays a	rm are currer reficiall	not reqเ ntly valid	ired to res	formation spond unle trol numbe	ss	1474 (9-02)
Reminder:	Report on a s	3. Transactio	Table II - n 3A. Deemec Execution D	Derivative (e.g., puts, 4. late, if Tran Cod	e Securiti calls, wa nsaction le tr. 8)	ies Acquir arrants, op 5.	Personate the formations, contained, Dispositions, contained and Experimental Exper	ns who ined in rm disp	o respo this for plays a f, or Ben ble secu isable n Date	rm are currer reficiall rities) 7. Ti Amo Undo	not reqเ ntly valid	OMB conf	spond unle	of 10. Owners Form o Derivat Security Direct (or Indir	11. Nat hip of Indir Benefic Owners (Instr. 4

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Filler Andrew Lawrence C/O BIOSIG TECHNOLOGIES, INC. 54 WILTON ROAD, 2ND FLOOR WESTPORT, CT 06880	X				

Signatures

,	/s/ Kenneth L. Londoner, attorney-in-fact	10/18/2019
	**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.