FORM 4

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

OMB APPRO	OVAL
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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

1. Name and Address of Reporting Person* FOLEY DONALD E (Last) (First) (Middle) C/O BIOSIG TECHNOLOGIES, INC., 54 WILTON ROAD, 2ND FLOOR			2. Issuer Name and Ticker or Trading Symbol BioSig Technologies, Inc. [BSGM] 3. Date of Earliest Transaction (Month/Day/Year) 10/30/2019						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner						
								_	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)		
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)										,	
	ORT, CT 0														
(Cit	y)	(State)	(Zip)			Table	I - Non-Dei	ivative Se	curities	s Acquire	d, Disposed	of, or Bene	ficially Own	ed	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	on Date, it	Code (Instr		4. Securities Acquired (A) or Disposed of (D. (Instr. 3, 4 and 5)		of (D) Ov Tra	vned Follow ansaction(s)			Ownership or Form:	7. Nature of Indirect Beneficial	
				(Month	/Day/Year	Co	de V	(A) or Amount (D)		(In	Instr. 3 and 4)			\ /	Ownership Instr. 4)
Reminder:	Report on a s	separate line for each	h class of securities	beneficial	lly owned	airectiy	Perso in this	ns who re form are	not re	equired t		unless the	tion contai e form	ned SEC 14	174 (9-02)
Reminder:	Report on a	separate line for each	h class of securities	beneficial	lly owned	directly	Perso in this	ns who re form are	not re	equired t	o respond	unless the		ned SEC 14	174 (9-02)
1. Title of	•	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	ive Securi ts, calls, w 5. Nu tion of Do Secur) Acqu or Di of (D	ties Acc garrant umber crivative rities ired (A sposed	Perso in this displa	ns who reform are ys a curre osed of, or onvertible ercisable at Date	e not re ently v r Bene	equired to valid OMI ficially Ovities)	o respond B control r wned and Amount lying	unless the number.	9. Number Derivative Securities Beneficially Owned Following	of 10. Ownership Form of Derivative Security: Direct (D)	11. Natur p of Indired Beneficial Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transac Code	ive Securi ts, calls, w 5. Nu tion of Do Secur) Acqu or Di of (D	ties Accarrant amber crivative crities ired (A sposed) . 3, 4,	Perso in this displa	ns who reform are form are ys a curro cosed of, or convertible erecisable a Date ay/Year)	e not re ently v r Bene e securi	required to ralid OMI ficially Orities) 7. Title are of Underly Securities	o respond B control r wned and Amount lying	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned	of Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu p of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

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

Signatures

/s/ Kenneth L. Londoner, attorney-in-fact	10/31/2019
**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).
- (1) The option vested on October 30, 2019.

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.