FORM 4

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

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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

	pe Response													
1. Name and Address of Reporting Person* ZELDIS JEROME B			2. Issuer Name and Ticker or Trading Symbol BioSig Technologies, Inc. [BSGM]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O BIOSIG TECHNOLOGIES, INC., 54 WILTON ROAD, 2ND FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 10/30/2019						Officer (giv	e title below)	Oth	er (specify below	7)
(Street) WESTPORT, CT 06880			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	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		(State)	(Zip)	Table I - Non-Derivative Securities Acqu					es Acquired	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Execution Date, if Coo		Code (Instr.	((A) or Disposed of (D)		Owned Following Reported Transaction(s)			6. Ownership of Indirect Beneficial Ownership or Indirect (I) (Instr. 4)			
Reminder:	Report on a	separate line for each	class of securities l	beneficial	lly owned	directly								
Reminder:	Report on a	separate line for eacl	Table II -	Derivati	ive Securi	ties Acq	Persor in this display	ns who respor form are not i ys a currently osed of, or Ben	equired to valid OMB eficially Ow	respond control r	unless the		ned SEC 1-	474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II -	Derivati (e.g., put 4. Transaci Code	ive Securi ts, calls, w 5. Nu tion of Do Secu) Acqu or Di of (D	ties Accerarrants umber erivative rities ired (A) sposed) : 3, 4,	Persor in this display uired, Disp options, co 6. Date Ex Expiration (Month/Da	ns who resported form are not to a currently osed of, or Benonvertible securercisable and Date	equired to valid OMB eficially Ow	respond control r ned d Amount ing	unless the number.		Of 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Nature of Indire Benefici ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transaci Code	ive Securits, calls, w 5. Nution of Do Security Acquired or Di of (D (Instr	ties Accerarrants amber erivative rities irred (A) sposed) . 3, 4,	Persor in this display uired, Disp options, co 6. Date Ex Expiration (Month/Da	ns who resported form are not up a currently so a currently so osed of, or Benonvertible securerisable and Date may/Year)	equired to valid OMB eficially Ow ities) 7. Title and of Underly Securities	respond control r ned d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Of 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Nature of Indire Benefici e Owners! (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ZELDIS JEROME B 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.