## FORM 4

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

OMB APPR	ROVAL
OMB Number:	3235-0287
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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 * ODONNELL JEFFREY F			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., 54 WILTON ROAD, 2ND FLOOR			-a`	3. Date of Earliest Transaction (Month/Day/Year) 10/30/2019						Officer (giv	ve title below)	Otho	er (specify below	)
(Street) WESTPORT, CT 06880			4. If Amendment, Date Original Filed(Month/Day/Year)						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				ies Acqui	uired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	emed on Date, : /Day/Yea	f Code (Instr		4. Securities Ac (A) or Disposec (Instr. 3, 4 and	of (D)	5. Amount of Owned Follow Transaction(s) (Instr. 3 and 4)	ing Reporte	d (	Ownership Form: E Direct (D)	7. Nature of Indirect Beneficial Ownership Instr. 4)
			1 6 22	peneficial	lly owned	directly	or indirectly	v						
Reminder:	Report on a s	separate line for each	class of securities	ochericia:	ny ownee	directiy	Perso	ns who respo					ed SEC 14	474 (9-02)
Reminder:	Report on a s	eparate line for each	Table II -	Derivati	ive Secur	ties Ac	Person in this displa quired, Disp		required valid O	d to respond MB control	unless th		ed SEC 14	474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II -	Derivati (e.g., put 4. Transac Code	ive Secur ts, calls, v 5. N of D Secur Or D of (I	ities Accurate umber erivative rities aired (Aisposed D) r. 3, 4,	Persoin this displa	form are not ys a currently posed of, or Be onvertible secu- ercisable and Date	required valid O neficially rities)  7. Title of Und Securit	d to respond MB control  Owned  and Amount lerlying	unless the number.	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownershi Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Benefici e Ownersi (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. Transac Code	ive Secur ts, calls, v 5. N tion of D Secur Or D of (I (Inst	ities Accordance and the control of	Persoin this displa quired, Disps, options, c 6. Date Ex Expiration (Month/D)  Date Exercisable	form are not ys a currently cosed of, or Be convertible secu- cercisable and Date ay/Year)	required valid O neficially rities)  7. Title of Und Securit	d to respond MB control of Owned e and Amount erlying ties	8. Price of Derivative Security (Instr. 5)	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivative Security: Direct (D or Indirect	11. Nature of Indire Benefici e Ownersi (Instr. 4)

### **Reporting Owners**

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

## **Signatures**

/s/ Kenneth L. Londoner, attorn	ney-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 entirety of 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.