FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response.	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

1. Name and Address of Reporting Person * NAVARRO SAMUEL E		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	e title below)	Ot	her (specify below))	
(Street)				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)	
	ORT, CT 0														
(Cit	ty)	(State)	(Zip)			Table	I - Non-D	erivative	Securitie	s Acquire	d, Disposed	of, or Bene	ficially Own	ed	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	on Date,	f Code (Inst		4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5)		of (D) Ow Tra	Amount of Securities Beneficially wned Following Reported ransaction(s)		Ownership of	Nature f Indirect eneficial		
				(Month	/Day/Yea		ode V	(A) or Amount (D)		(In	(Instr. 3 and 4)			\ /	Ownership Instr. 4)
Reminder:	Report on a s	separate line for each	i class of securities i	репенсіа:	ny owned	uncer	Pers in th	ons who s form a	are not r	equired to	respond	unless the	tion contai e form	ned SEC 14	474 (9-02)
Reminder:	Report on a	separate line for each	n class of securities	benencia.	ny owned	uncer	Pers in th	ons who s form a	are not r	equired to		unless the		ned SEC 14	474 (9-02)
1. Title of		3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	ive Secur ts, calls, v 5. N tion of D Secu or D of (I	ities Acvarrant umber erivativ rities nired (A isposed	Pers in th disp quired, Di s, options, 6. Date le Expirati (Month/	ons who s form a ays a cu sposed of convertil	are not reurently versions. F, or Beneale security and	equired to valid OME eficially Ov ities)	o respond 3 control r vned d Amount ying	unless the number.	9. Number Derivative Securities Beneficially Owned Following	of 10. Ownershi Form of Derivative Security: Direct (D)	11. Nature of Indire Benefici Owners! (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 Secu or D of (I	ities Acvarrant umber erivativ rities uired (A isposed b) r. 3, 4,	Persin the disp quired, Diss, options, 6. Date le Expirati (Month/) Date Exercise	ons who s form a ays a cu sposed of convertil exercisablo Day/Year	are not reurrently visions. For Beneble securile and	equired to valid OME eficially Ovities) 7. Title ar of Underly Securities	o respond 3 control r vned d Amount ying	8. Price of Derivative Security	9. Number Derivative Securities Beneficially	of 10. Ownership Form of Derivative Security: Direct (D) or Indirec	11. Nature pof Indire Benefic Owners (Instr. 4

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
NAVARRO SAMUEL 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.