FORM 4

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

OMB APPROVAL
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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|-------|---|-----|---|-----------------------|--|---|---|--|--|---|-----------------------------|--|
| 1. Name and Address of Reporting Person* CHAUSSY STEVE | | | | | 2. Issuer Name and Ticker or Trading Symbol BioSig Technologies, Inc. [BSGM] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| (Last) (First) (Middle) C/O BIOSIG TECHNOLOGIES, INC., 54 WILTON ROAD, 2ND FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/05/2019 | | | | | | | | X Office | er (give title bel Chie | ow) of Financial (| Other (specify l Officer | pelow) | | |
| (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 | | | | | | |
| WESTPORT, CT 06880 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Exect | Deemed ution Date, if | Code (Instr. 8) | | 4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | nt of Securities ally Owned Following Transaction(s) | | 6. Ownership Form: | 7. Nature of Indirect Beneficial | | | | |
| | | | | (Month/Day/Year) | | | ode | V | Amour | (A) or (D) | Price | (Instr. 3 a | o (I | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | | |
| Common Stock, \$0.001 par value per share | | | 11/05/2019 | | A 500 A \$ 592,830 | |) | | D | | | | | | | | | |
| Common Stock, \$0.001 par value per share | | | 11/05/2019 | | | 1 | A | | 1,000 | | \$ 6.54 | 593,830 | 830 | | D | | | |
| Common Stock, \$0.001 par value per share | | | 11/05/2019 | | | | 1 | A | | 1,000 | | \$ 6.52 | 594,830 | | | D | | |
| Common Stock, \$0.001 par value per share | | | 11/05/2019 | | | | 1 | A | | 1,000 | | \$ 6.57 | 595,830 | | | D | | |
| Reminder: | Report on a s | separate line fo | or each class of secur Table II - I | | | , | | | Pers cont the f | ons whained i | no respon n this for splays a | rm are curre | not requesting ntly valid | OMB conf | ormation spond unle trol numbe | ss | 1474 (9-02) | |
| | 1 | 1 | (| <i>e.g.</i> , p | uts, cal | s, wa | arran | | tions, | , conver | tible secu | rities) | | | 1 | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/ | Execution Da Year) any | te, if | e, if Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | and Expiration Date (Month/Day/Year) | | | Ame Und Seco | Title and .mount of inderlying ecurities instr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | Ownersh (Instr. 4) D) | |
| | | | | | Code | V | (A) | (D) | Date Exer | | Expiration Date | n Title | or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | | | |
|---|---------------|--------------|-------------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| CHAUSSY STEVE C/O BIOSIG TECHNOLOGIES, INC. 54 WILTON ROAD, 2ND FLOOR WESTPORT, CT 06880 | | | Chief Financial Officer | | | | | | |

/s/ Kenneth L. Londoner, attorney-in-fact **Signature of Reporting Person Date 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.