

(Print or Type Responses)

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
nours per response	e 0.5			

INITIAL STATEMENT OF 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

Name and Address of Reporting Person * Sieckhaus John	Statemen	2. Date of Event Requiring Statement (Month/Day/Year) -03/21/2022			3. Issuer Name and Ticker or Trading Symbol BioSig Technologies, Inc. [BSGM]			
(Last) (First) (Middle) C/O BIOSIG TECHNOLOGIES, 55 GREENS FARMS ROAD	03/21/2	2022		Issuer (Check	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Chief Operating Officer		Amendment, Date Original (Month/Day/Year)	
(Street) WESTPORT, CT 06880				X_Officer (give titl below)			6. Individual or Joint/Group Filing(Check Applicable Line)X_Form filed by One Reporting PersonForm filed by More than One Reporting Person	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
	pond to the o	s beneficiall	y own	ally Owned	Form: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)	SEC 1473 (7-02)	
	. ,	•		B control number. ned (e.g., puts, calls, warr.	ants, options, co	nvertible secu	urities)	
1. Title of Derivative Security (Instr. 4)	and Expirat	2. Date Exercisable 3. Title and A		•	4. Conversion or Exercise Price of Derivative	5. Ownersh Form of Derivative Security: D	Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	(D) or Indir (I) (Instr. 5)	ect	
Reporting Owners								

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Sieckhaus John C/O BIOSIG TECHNOLOGIES 55 GREENS FARMS ROAD WESTPORT, CT 06880			Chief Operating Officer		

Signatures

/s/ John Sieckhaus	04/08/2022
**Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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.