## FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
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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

	pe Response	~)													
1. Name and Address of Reporting Person* Sieckhaus John				2. Issuer Name and Ticker or Trading Symbol BioSig Technologies, Inc. [BSGM]					5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director					
(Last) (First) (Middle) C/O BIOSIG TECHNOLOGIES, 55 GREENS FARMS ROAD			3. Date of Earliest Transaction (Month/Day/Year) 03/21/2022												
WESTPO	ORT, CT 0	(Street)		4. If An	nendment, l	Oate Orig	ginal Filed(1	Month/Day/Year	)		Form filed by C	One Reporting P	Filing(Check . erson eporting Person	Applicable Lin	e)
(Ci	ty)	(State)	(Zip)			Table	I - Non-De	rivative Sec	urities	s Acquired	d, Disposed	of, or Benef	icially Owne	d	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y			Execu r) any	eemed	(Instr. 8)		4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Owned Follow Transaction(s)		)		6. Ownership Form:	Beneficial	
				(Mon	h/Day/Yea	Co	de V	Amount (	A) or (D)	Price	nstr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	n Stock		03/21/2022			Α		50,000 A	A	\$ 0   50	0,000			D	
		separate line for each					Perso in this			quired to			on containe		1474 (9-02)
			Table II				uired, Dis	posed of, or	Benefi	icially Ow			ioim diopid	ys	
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	5. Nur beriva Securi Acqui	her of tive ties red (A) posed of	uired, Dis , options, o 6. Date Ex Expiration (Month/D	posed of, or leading to the convertible service and the convertible and the convertibl	Benefi ecurit	icially Ow	d Amount ying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Owners Form of Derivat Security Direct ( or Indir	Benefici Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	tion 5. Nun Deriva Securi Acqui or Dis (D) (Instr.	rarrants her of tive ties red (A) possed of	uired, Dis , options, o 6. Date Ex Expiration (Month/D	posed of, or sonvertible son convertible and pate and pate analy Year)	Benefi ecurit d	icially Ow ties) 7. Title and of Underly Securities	d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners Form of Derivat Security Direct ( or Indir	hip of Indire Benefici Ve Ownersh (Instr. 4)

### **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:**

- \* 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 reporting person received the shares as a one-time signing bonus upon the commencement of the reporting person's employment with the Company.
- (2) The shares underlying this stock option will vest over three years, with 1/3 vesting on the first anniversary of March 30, 2022 and 2/3 vesting in substantially equal quarterly installments thereafter, subject to the terms and conditions of the BioSig Technologies, Inc. 2012 Equity Incentive Plan.

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.