

Reported by CONLEY SHERYL L

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/30/23 for the Period Ending 05/25/23

Address 3222 PHOENIXVILLE PIKE

MALVERN, PA, 19355

Telephone 877-600-7555

CIK 0001227636

Symbol STIM

SIC Code 3841 - Surgical and Medical Instruments and Apparatus

Industry Advanced Medical Equipment & Technology

Sector Healthcare

Fiscal Year 12/31





☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL
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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 *				2. I	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
CONLEY SHI	ERYL L						, Inc. [S						X Director	,	100	6 Owner	
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								Officer (give title below) Other (specify below)				
C/O NEURONETICS, INC, 3222 PHOENIXVILLE PIKE					5/25/2023												
	(Street			4. I	fAm	nendmei	nt, Date O	rigin	al File	d (MM/DI	D/YYY	(Y)	6. Individual c	r Joint/G	roup Filing	Check Appl	icable Line)
MALVERN, PA 19355													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)			Ru	Rule 10b5-1(c) Transaction Indication													
				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan													
													tions of Rule 1				
			Table I -	Non-Der	ivati	ve Secu	ırities Acq	uire	ed, Dis	posed o	f, or l	Bene	ficially Owne	d			
1. Title of Security (Instr. 3)			Trans. Date	Execu	Deemed ution if any	3. Trans. Code (Instr. 8)		4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5)		D) Fol		Amount of Securities Beneficially Owned dlowing Reported Transaction(s) astr. 3 and 4)			Ownership of In Form: Bene Direct (D) Own	7. Nature of Indirect Beneficial Ownership	
							Code	V	Amou	(A) o	r Pri	ce				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 5/25/20			5/25/2023			A		36,364	(<u>1</u>) A		<u>(2)</u>			114,946	D		
	Table	e II - Deri	ivative So	ecurities l	Bene	ficially	Owned (a	e.g.,	puts, c	calls, wa	rran	ts, op	otions, conver	tible secu	rities)		
Security C (Instr. 3) or Pr	urity Conversion Date Execu		3A. Deeme Execution Date, if any	(Instr. 8)			ve Securities I (A) or I of (D)	6. Date Exercisable and Expiration Date			7. Title and A Securities U Derivative S (Instr. 3 and		derlying Derivative Security Security		9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Amou Share:	unt or Number of s		Transaction(s) (Instr. 4)		

Explanation of Responses:

- (1) Represents a restricted stock unit ("RSU") award that vests on the earlier of (a) May 23, 2024, or (b) the reporting person's Board-approved separation of service from the Issuer, in each case subject to continuous service of the reporting person through such date.
- (2) Each RSU represents a contingent right to receive one share of the Issuer's common stock.

Reporting Owners

Keporting Owners							
Paparting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	r 10% Owner Officer Ot		Other			
CONLEY SHERYL L C/O NEURONETICS, INC 3222 PHOENIXVILLE PIKE MALVERN, PA 19355	X						

Signatures

/s/ W. Andrew Macan as Attorney-in-Fact 5/30/2023

***Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control

