FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Name and Address			2. Issuer Name and Ticker or Trading Symbol KORU Medical Systems, Inc. [KRMD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Tharby Linda N</u>	<u>VI</u>			X	Director	10% Owner		
(Last)	(First)	(Middle)		x	Officer (give title below)	Other (specify below)		
C/O KORU MEDICAL SYSTEMS, INC. 100 CORPORATE DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 08/15/2024		Chief Executive O	fficer		
(Street) MAHWAH	NJ	07430	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi X	dual or Joint/Group Filing (Che Form filed by One Reporting Form filed by More than One	Person		
(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)	if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr.	or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	3 and 4)		(Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Restricted Stock Units	(1)	08/15/2024		Α		63,872		(2)	(2)	Common Stock	63,872	\$0	63,872	D	
Restricted Stock Units	(1)	08/15/2024		Α		127,660		(3)	(3)	Common Stock	127,660	\$ <u>0</u>	127,660	D	
Option to buy Common Stock	\$2.35	08/15/2024		Α		140,950		(4)	08/15/2034	Common Stock	140,950	\$0	140,950	D	

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of KORU Medical Systems, Inc. (the "Company") upon vesting.

2. One-fourth will vest on March 15, 2025 and on each first, second and third anniversary thereof or upon an earlier change in control of the Company.

3. These restricted stock units will vest based upon the achievement of certain performance conditions as of December 31, 2026. The amount reported represents the amount of shares payable at target performance; the Reporting Person could earn 0%-150% of the amount reported depending on the level of performance achieved. These restricted stock units will vest at 100% of the amount reported upon a change in control of the Company prior to December 31, 2026.

4. One-fourth will vest on March 15, 2025 and on each first, second and third anniversary thereof.

Remarks:

The filing of this statement shall not be construed as an admission (a) that the person filing this statement is, for the purposes of Section 16 of the Securities Exchange Act of 1934, as amended, the beneficial owner of any equity securities covered by this statement, or (b) that this statement is legally required to be filed by such person. Power of Attorney has been previously filed.

<u>/s/ Thomas Adams- Attorney-in-</u> Fact	09/20/2024		
** 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 Number.