# 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 APPROVAL
OMB Number: 3235-0287

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| 1. Name and Address<br>WHOLIHAN | 1 0              |       | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br>KORU Medical Systems, Inc. [KRMD] | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable) |                            |                         |  |  |
|---------------------------------|------------------|-------|---|--|----------------------------|-------------------------|--|--|
| WHOLINAN                        | <u>EDWARD</u>    |       | <u></u>   | X  | Director                   | 10% Owner               |  |  |
|                                 |                  |       |   |  | Officer (give title        | Other (specify          |  |  |
| (Last)                          | (First) (Middle) |       | 3. Date of Earliest Transaction (Month/Day/Year)  | 1  | below)                     | below)                  |  |  |
| C/O KORU MEDICAL SYSTEMS, INC.  |                  |       | 01/03/2025  |  |                            |                         |  |  |
| 100 CORPORATI                   | E DRIVE          |       |   |  |                            |                         |  |  |
| (Street)                        |                  |       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                | 6. Indivi  | dual or Joint/Group Filing | (Check Applicable Line) |  |  |
| MAHWAH                          | NJ               | 07430 |   | X  | Form filed by One Repo     | orting Person           |  |  |
|                                 | 145              | 07430 |   |  | Form filed by More than    | One Reporting Person    |  |  |
| (City)                          | (State)          | (Zip) |   |  |                            |                         |  |  |

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | ar) 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) 3.<br>Transaction<br>Code (Instr.<br>8) |      |   | 4. Securities Ac<br>Disposed Of (D |               |        | Securities<br>Beneficially Owned | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |
|---------------------------------|--|---|------|---|------------------------------------|---------------|--------|----------------------------------|---|---|
|                                 |  |   | Code | v | Amount                             | (A) or<br>(D) | Price  | (Instr. 3 and 4)                 |   | (Instr. 4)  |
| Common Stock                    | 01/03/2025                                 |   | Α    |   | 3,937                              | Α             | \$3.81 | 27,713                           | D   |   |

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

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

| 1. Title of<br>Derivative<br>Security (Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Transaction<br>Code (Instr.<br>8) |   | Derivative |     |                     |                    | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security (Instr.<br>3 and 4) |                                  | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|--|---|--|---|-----------------------------------|---|------------|-----|---------------------|--------------------|--|----------------------------------|--------------------------------------|--|--|---------------------------------------|
|  |   |  |   | Code                              | v | (A)        | (D) | Date<br>Exercisable | Expiration<br>Date | Title  | Amount or<br>Number of<br>Shares | (Inst                                | Transaction(s)<br>(Instr. 4)   |  |                                       |

## Explanation of Responses:

### 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.

| /s/ Thomas Adams- Attorney-in-   | 01/03/2025 |  |  |  |
|----------------------------------|------------|--|--|--|
| Fact                             |            |  |  |  |
| ** 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.