

Gozani Shai  
Form SC 13G/A  
February 14, 2007

**UNITED STATES  
SECURITIES AND EXCHANGE  
COMMISSION**  
Washington, D.C. 20549  
**SCHEDULE 13G/A**

**Under the Securities Exchange Act of 1934  
(Amendment No. 2)\***

**NEUROMETRIX, INC.**

(Name of Issuer)

COMMON STOCK, PAR VALUE \$0.0001 PER SHARE

(Title of Class of Securities)

641255 10 4

(CUSIP Number)

December 31, 2006

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

- Rule 13d-1(b)
- Rule 13d-1(c)
- Rule 13d-1(d)

\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).



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CUSIP No. 641255 10 4

1. Names of Reporting Persons. I.R.S. Identification Nos. of above persons (entities only)  
Shai N. Gozani, M.D., Ph.D.
2. Check the Appropriate Box if a Member of a Group (See Instructions)  
(a)   
(b)
3. SEC Use Only
4. Citizenship or Place of Organization  
United States
- |   |    |                                   |
|---|----|-----------------------------------|
| Number of<br>Shares<br>Beneficially<br>Owned by<br>Each<br>Reporting<br>Person With | 5. | Sole Voting Power<br>703,913      |
|   | 6. | Shared Voting Power<br>0          |
|   | 7. | Sole Dispositive Power<br>703,913 |
|   | 8. | Shared Dispositive Power<br>0     |
9. Aggregate Amount Beneficially Owned by Each Reporting Person  
703,913
10. Check if the Aggregate Amount in Row (9) Excludes Certain Shares (See Instructions)
11. Percent of Class Represented by Amount in Row (9)  
5.5%
12. Type of Reporting Person (See Instructions)  
IN

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Item 1.

- (a) Name of Issuer  
NeuroMetrix, Inc.
- (b) Address of Issuer's Principal Executive Offices  
62 Fourth Avenue, Waltham, MA 02451

Item 2.

- (a) Name of Person Filing  
Shai N. Gozani, M.D., Ph.D.
- (b) Address of Principal Business Office or, if none, Residence  
Shai N. Gozani, M.D., Ph.D.  
c/o NeuroMetrix, Inc.  
62 Fourth Avenue  
Waltham, MA 02451
- (c) Citizenship  
United States
- (d) Title of Class of Securities  
Common Stock, par value \$0.0001 per share
- (e) CUSIP Number  
641255 10 4

Item 3.

If this statement is filed pursuant to §§240.13d-1(b) or 240.13d-2(b) or (c), check whether the person filing is a:  
Not applicable.

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Item 4. Ownership

Provide the following information regarding the aggregate number and percentage of the class of securities of the issuer identified in Item 1.

- (a) Amount beneficially owned:
  - 703,913 shares of Common Stock
- (b) Percent of class:
  - 5.5%
- (c) Number of shares as to which the person has:
  - (i) Sole power to vote or to direct the vote
    - 703,913
  - (ii) Shared power to vote or to direct the vote
    - 0
  - (iii) Sole power to dispose or to direct the disposition of
    - 703,913
  - (iv) Shared power to dispose or to direct the disposition of
    - 0

Item 5. Ownership of Five Percent or Less of a Class  
Not applicable.

Item 6. Ownership of More than Five Percent on Behalf of Another Person  
Not applicable.

Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent Holding Company or Control Person  
Not applicable.

Item 8. Identification and Classification of Members of the Group  
Not applicable.

Item 9. Notice of Dissolution of Group  
Not applicable.

Item 10. Certification  
Not applicable.

**Signature**

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

February 14, 2007

Date

/s/ Shai N. Gozani, M.D., Ph.D.

Signature

Shai N. Gozani, M.D., Ph.D.

Name/Title