FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: Estimated average burden	3235-0287							
hours per response:	0.5							

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Deals James M.					2. Issuer Name and Ticker or Trading Symbol KORU Medical Systems, Inc. [KRMD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Beck James M					Trotto medicaro jutino, me. [Ridio]									X	Director			10% Ov	vner
(Last)	(First)	(Mi	ddle)		3 Da	Date of Earliest Transaction (Month/Day/Year)									Officer (give title below)			Other (specif below)	
C/O KORU MEDICAL SYSTEMS, INC.						03/31/2023													
100 CORPORATE DRIVE																			
(Street) MAHWAH NJ 07430						4. If Amendment, Date of Original Filed (Month/Day/Year) 04/03/2023								6. Indiv	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zi _l	o)																
		Ta	able I - Nor	n-Dei	rivativ	ve S	ecuriti	ies Acq	uired,	Disp	osed of	, or l	Benefic	ially Ow	ned				
Date					. Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			or 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount		(A) or (D)	Price	(Instr. 3 and				(
Common Stock															1			I	By Trust ⁽¹⁾
Common Stock 03/					3/31/2023						3,521		A	\$4.26	88,057			D	
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)	Execution Date,			Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		7. Title and Amou Securities Underly Derivative Securit 3 and 4)		lerlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e es ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	.511(5)	(3)	
Explanation of Res	sponses:																		

1. Mr. Beck is co-trustee with his wife of the Ellen H Beck Revocable Trust, of which Mr. Beck and his children are beneficiaries.

Remarks

This Form 4/A Amendment No. 1 is being filed to correct a typographical error in Table I, box 5 on the original Form 4 filing. The Amount of Securities Beneficially Owned Following Reported Transaction(s) has been corrected from 87,860 to 88,057. 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/ Stephen Unger- Attorney-in-Fact

** Signature of Reporting Person

04/05/2023

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.