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 0.5 hours per response:

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)							
Tharby Linda M	<u>vi</u>			X	Director	10% Owner					
(Last) (First) (Middle)				x	Officer (give title below)	Other (specify below)					
	ICAL SYSTEMS, I	· · · ·	3. Date of Earliest Transaction (Month/Day/Year) 04/21/2025		Chief Executive	Officer					
100 CORPORATE DRIVE			04/21/2023								
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing (C	heck Applicable Line)					
MAHWAH	NJ	07430		X	Form filed by One Report	ng Person					
					Form filed by More than C	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 Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities	or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(1150.4)	
Common Stock	04/21/2025		F ⁽¹⁾		23,587	D	\$2.2	1,023,163(2)	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		Securities Underlying		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	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				

Explanation of Responses:

1. Represents shares withheld to satisfy tax obligations upon vesting of previously issued restricted stock.

2. Includes 200,000 in restricted stock awards that vest based on a schedule of the Company's market capitalization prior to 3/15/27; Includes 600,000 in restricted stock awards that vest based on a schedule of the Company's net sales growth targets for each of the fiscal years ended 12/31/22 through 12/31/25.

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.

<u>/s/ Linda Tharby</u>	
** Signature of Reporting Person	

04/23/2025

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.