FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB	APP	ROVA
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the

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

of equity securities of nded to satisfy the se conditions of Rule				
	son [*]	2. Issuer Name and Ticker or Trading Symbol KORU Medical Systems, Inc. [KRMD]	5. Relationship of Reporting Perso (Check all applicable)	,
			X Director	10% Owner
			Officer (give title	Other (specify
(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	Delow)	below)
EDICAL SYSTEM	MS, INC.	07/02/2025		
TE DRIVE				
		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing ((Check Applicable Line)
NII	07420		X Form filed by One Repo	rting Person
MAHWAH NJ	07430		Form filed by More than	One Reporting Person
(State)	(Zip)			
	of equity securities of noted to satisfy the se conditions of Rule instruction 10. ess of Reporting Personal (First) EDICAL SYSTEM TE DRIVE NJ	se conditions of Rule Instruction 10. Iss of Reporting Person* III (First) (Middle) EDICAL SYSTEMS, INC. ITE DRIVE NJ 07430	of equity securities of the noded to satisfy the se conditions of Rule struction 10. Ses of Reporting Person* (First) (Middle) (Color of the color of the colo	of equity securities of the noded to satisfy the se conditions of Rule struction 10. Ses of Reporting Person* (First) (Middle) (First) (Middle) (DICAL SYSTEMS, INC. TE DRIVE NJ 07430 2. Issuer Name and Ticker or Trading Symbol KORU Medical Systems, Inc. [KRMD] 5. Relationship of Reporting Person (Check all applicable) X Director Officer (give title below) 7/02/2025 4. If Amendment, Date of Original Filed (Month/Day/Year) To Drive (Month/Day/Year) The Amendment of Original Filed (Month/Day/Year)

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)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount (A) or (D) Price		(Instr. 3 and 4)		(1130.4)	
Common Stock	07/02/2025		A		4,189	A	\$33.58	84,974	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	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Derivative				Securities Underlying Derivative Security (Instr.		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	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		Transaction(s) (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-

<u>Fact</u>

** Signature of Reporting Person

Date

07/02/2025

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.