FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| | Check this box if no longer subjec |
|--------|------------------------------------|
| \Box | to Section 16. Form 4 or Form 5 |
| \cup | obligations may continue. See |
| | Instruction 1(b) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person* CONLEY SHERYL L | | | | | 2. Issuer Name and Ticker or Trading Symbol Neuronetics, Inc. [STIM] | | | | | | | | | (Ch | eck all a | ationship of Reportir k all applicable) Director | | 10% O | |
|--|--|-------|--------|---|--|---|--|------------|--|-----|--|------|---|---|---------------------|--|--|---|---|
| (Last) | Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023 | | | | | | | | | | Offi belo | cer (give title ow) | | Other (below) | specify |
| C/O NEURONETICS, INC 3222 PHOENIXVILLE PIKE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) MALVE | reet) ALVERN PA 19355 | | | | | | | 4() | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | ecui | rities | Acq | uired, | Dis | posed of | f, o | r Ben | eficia | lly Ov | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Execution Dat | | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (Disposed Of (D) (Instr. 35) | | | | Secu Bene Own | wing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | rted saction(s) : 3 and 4) | | | |
| Common Stock 05/25/20 | | | | | | 2023 | | | A | | 36,364 | 1) | A | (2) | 1 | 114,946 | | 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) | vative Conversion Date urity or Exercise (Month/Day/Year) Execution Date, if any | | | 4. Transaction Code (Instr. 8) | | Secu Acqu (A) o Disp of (D | vative irities uired or osed) r. 3, 4 | Expiration | Date Exercisable and piration Date lonth/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | j | 3. Price o Derivative Security Instr. 5) | | y [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Titl | or Nun of | ount nber ires | | | | | |

Explanation of Responses:

- 1. Represents a restricted stock unit ("RSU") award that vests on the earlier of (a) May 23, 2024, or (b) the reporting person's Board-approved separation of service from the Issuer, in each case subject to continuous service of the reporting person through such date.
- $2. \ Each \ RSU \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ the \ Issuer's \ common \ stock.$

/s/ W. Andrew Macan as

05/30/2023

Attorney-in-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.