**Securities and Exchange Commission**

**Statement of Changes in Beneficial Ownership**

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**
   
   CASCELLA ROBERT
   
   (Last) C/O NEURONETICS, INC.
   
   (First) 3222 PHEONIXVILLE PIKE
   
   (Middle) MALVERN
   
   (City) PA
   
   (State) 19355
   
   (Zip)

2. **Issuer Name and Ticker or Trading Symbol**
   
   Neuronetics, Inc. [STIM]

3. **Date of Earliest Transaction**
   
   06/06/2024

4. **Relationship of Reporting Person(s) to Issuer**
   
   Director

5. **Individual or Joint/Group Filing**
   
   Form filed by One Reporting Person

6. **Transaction Details**

   **Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Deemed Execution Date, if any (Month/Day/Year)</th>
<th>Transaction Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>06/06/2024</td>
<td></td>
<td>P</td>
<td>50,000 (A)</td>
<td>$2.051 244,098</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

7. **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.

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**Explanation of Responses:**

/s/ Patrick Devine, as Attorney-in-Fact

06/06/2024

**Signature of Reporting Person**

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).


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.