FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

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

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

1. Name and Address of Reporting Person*  Sullivan Keith J					2. Issuer Name and Ticker or Trading Symbol Neuronetics, Inc. [ STIM ]								ck all app  Direct Office	etor 10% Own er (give title Other (spe		wner			
	(Fi JRONETIO OENIXVII	CS, INC	Middle)		3. Date of Earliest Tran 02/13/2023				saction (Month/Day/Year)						below	President	and (	below)	
(Street)  MALVE  (City)			9355 Zip)		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Ind Line)  X								·				on	
		Table	I - No	n-Deriva	tive S	Secui	rities	s Acc	quired	, Dis	posed of	, or E	ene	ficial	y Own	ed			
Date			2. Transact Date (Month/Day	Execution Da		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		or 5. Am 4 and Secur Benef		rities Fo ficially (D) of Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)			(		
Common	Stock		02/13/2		023	)23		S		25,154(1)	25,154 <sup>(1)</sup> D		5.49(2	49 <sup>(2)</sup> 1,210,845			D		
Common	Stock			02/14/2	.023		S		13,647 <sup>(1)</sup> D		\$	5.58(3	58 <sup>(3)</sup> 1,197,198			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Conversion or Exercise Price of Derivative Security  (Instr. 3)  2. Conversion Date (Month/Day/Year)  Price of Derivative Security  3. Transaction Date Execution Date if any (Month/Day/Year)		tion Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disp of (D	osed )) :r. 3, 4	6. Date Exerc Expiration Day/N		ate	7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4)		D S (Ii	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amor or Numl of Share	ber					

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were non-discretionary sales to satisfy the reporting person's tax withholding obligation upon vesting of a portion of a restricted stock unit award.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$5.38 to \$5.56. The reporting person undertakes to provide upon request to the SEC staff, the Issuer, or any stockholder of the Issuer, full information regarding the number of shares sold at each separate price within the range set forth in this footnote
- 3. The price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$5.41 to \$5.72. The reporting person undertakes to provide upon request to the SEC staff, the Issuer, or any stockholder of the Issuer, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

/s/ W. Andrew Macan, as Attorney-in-Fact

02/15/2023

\*\* 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.