FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |  |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 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* <u>CASCELLA ROBERT</u> |   |         |   |                 | 2. Issuer Name and Ticker or Trading Symbol Neuronetics, Inc. [ STIM ] |                      |   |          |                              |                    |   |  |   | k all app   | ,  | ng Pei  | rson(s) to Is |  |                                       |
|---|---|---------|---|-----------------|--|----------------------|---|----------|------------------------------|--------------------|---|--|---|---|--|---|---------------|--|---------------------------------------|
| (Last)  | (Fi   | rst) (N | Middle)   |                 | 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2023            |                      |   |          |                              |                    |   |  |   | Office<br>belov   | er (give title<br>v)                         |   | Other (s      | specify  |                                       |
| C/O NEURONETICS, INC<br>3222 PHOENIXVILLE PIKE                  |   |         |   |                 | 4. If Amendment, Date of Original Filed (Month/Day/Year)               |                      |   |          |                              |                    |   |  | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person |   |  |   |               |  |                                       |
| (Street) MALVERN PA 19355                                       |   |         |   |                 |  |                      |   |          |                              |                    |   |  | Form filed by More than One Reporting<br>Person   |   |  |   |               |  |                                       |
| (City) (State) (Zip)  |   |         |   |                 |  | Check t<br>satisfy t | his box<br>he affiri  | to indic | cate that defense of         | a trans<br>conditi | tion Indi   | nade pur<br>0b5-1(c)                           | suant (   | nstructio   | n 10.  |   | en pla        | n that is inte   | nded to                               |
|   |   | Table   | I - No  | n-Deriva        | tive S   | Secu                 | rities  | Acq      | uired,                       | , Dis              | posed of  | , or E   | Bene  | ficially  | / Own  | ed  |               |  |                                       |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day   |   |         |   | Execution Date, |  | Oate,                | 3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)                           |          |                              |                    | 4 and Securi<br>Benefi<br>Owned                             |  | ties<br>cially<br>Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership   |               |  |                                       |
|   |   |         |   |                 |  | Code                 | v   | Amount   | (A) (D)                      | or P               | rice  | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |   |   |  | (Instr. 4)  |               |  |                                       |
| Common Stock 08/10/2  |   |         |   |                 | 2023   |                      | A   |          | 28,500                       | A                  | . \$  | 1.813 1  |   | 162,848   |  | D   |               |  |                                       |
|   |   | Tal     | ble II -  |                 |  |                      |   |          |                              |                    | osed of, convertib  |  |   |   | Owne   | d   |               |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)             | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |         | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                 | 4.<br>Transaction<br>Code (Instr.<br>8)                                |                      | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |          | 6. Date<br>Expirat<br>(Month | ion Da             | Securities Underlying Derivative Security (Ir 3 and 4)  Amc |  | int of<br>rities<br>rlying<br>ative<br>rity (Ins<br>4)  | De Se (In   | Price of<br>erivative<br>ecurity<br>estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у             | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |         |   |                 | Code V   |                      | (A)   | (D)      | Date<br>Exercis              | able               | Expiration<br>Date  | Title  | of  |   |  |   |               |  |                                       |

**Explanation of Responses:** 

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

08/11/2023

\*\* 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.