SEC Form 4 FORM 4		стл <sup>.</sup>	TES	. 95		лті		E	хсна	NGE	ററ						
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										OMB APPROVAL						
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 purchase or sale of equity securities of the issuer that is intended to satisfy the afirmative defense conditions of Rule 10b5-1(c). See Instruction 10.	STAT		d purs	suant	to Sectio	on 16(	a) of the Sec	uritie	es Exchar	nge Act of			SHIP	Estim		er: verage burde isponse:	3235-0287 en 0.5
1. Name and Address of Reporting Person <sup>*</sup> MESSINA DANIEL S				2. Issuer Name and Ticker or Trading Symbol Semler Scientific, Inc. [SMLR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) C/O SEMLER SCIENTIFIC, INC			3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025										(give title			specify	
2340-2348 WALSH AVENUE, SUITE 2344 (Street) SANTA CLARA CA 95051				4. If Amendment, Date of Original Filed (Month/Day/Year)									<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>				
(City) (State)	(Zip)	Dorive				- ^ -	auirod D	lion		f or P		ficial					
Table I - Non-Deriv.       1. Title of Security (Instr. 3)       2. Transa Date (Month/E)			action 2/ E Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year		ar) 3. Transacti Code (Ins 8)	saction e (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 au (A) or		A) or	5. Amou Securitie Beneficia Owned F Reported Transact	nt of es ally following d ion(s)	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Code     V     Amount     (D)     Price     (Instr. 3 and 4)       Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)     (Instr. 3 and 4)																	
1. Title of Derivative Security (Instr. 3) 2. 3. Transaction Date (Month/Day/Ye Security	3A. Deemed Execution Date,		4. Transaction Code (Instr. 8)		5. Number of		, Options, Converti 6. Date Exercisable and Expiration Date (Month/Day/Year)			DIE SECUTITIES) 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Ily I	Ownership Form: y Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
		c	Code	v	(A)	(D)	Date Exercisable	Ex Da	piration te	Title	or Nu of	nount Imber ares					
Stock Option (right to buy)         \$58.94         01/06/2025           Explanation of Responses:         01/06/2025         01/06/2025			А		6,875		(1)	01/	/06/2035	Common Stock	6	,875	<b>\$0</b>	6,875	5	D	

1. The shares underlying the option shall vest and become exercisable as follows: 1/12th of the underlying shares shall vest on the grant date, following which 1/12th of the underlying shares shall vest on a monthly basis thereafter such that all of the underlying shares shall be vested on the first anniversary of the grant date.

<u>/s/ Renae Cormier, attorney-in-</u>	01/07/2025
fact	01/0//2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  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.