FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

/ashington, D	.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	[

Filed pursuant to Section 16(a) of the Securities Exchange Act of 19
or Section 30(h) of the Investment Company Act of 1940

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

1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Acutus Medical, Inc. [AFIB]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
ElBardissi Andrew				1	Acutus Micuicai, IIIC. [AFID]))	X Director			10% O	wner			
(Last)	`	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/17/2021								Officer below)	(give title		Other (below)	specify	
2210 FARADAY AVE., SUITE 100												C. Individual as Taint/Course Filips (Charles and Filips							
					- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				·	
(Street) CARLSE	BAD C.	Δ	92008)	_	,		orting Perso	
CARLSI	JAD C.	n.	<i>9</i> 2000		_								Form to Person		re thai	n One Repo	orting		
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		e, Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	unt (A) or (D)		rice	Transac (Instr. 3	tion(s)			(11150.4)
Common Stock 06/17/				7/202	/2021		A		1,800) ⁽¹⁾ A		\$ <mark>0</mark>	4,	4,022		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed 4 Execution Date, if any C			Transaction Code (Instr.		5. Number of		6. Date Exercisal Expiration Date (Month/Day/Year)		Amount			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration late	Title	or	ount nber ıres					
Stock Options (Right to	\$16.66	06/17/2021			A		7,022		(2)	0	6/17/2031	Commor Stock	7,0	022	\$0	7,022	2	D	

Explanation of Responses:

- 1. Each annual restricted stock unit ("Annual RSU") will be scheduled to vest as to all of the shares of Common Stock ("Shares") subject to such Annual RSU on the first anniversary of the date of grant of such Annual RSU, if on such date the Reporting Person has remained in continuous service as a director.
- 2. Each annual stock option (the "Annual Option") will be scheduled to vest and become exercisable as to all of the Shares subject to such Annual Option on the first anniversary of the date of grant of such Annual Option, if on such date the Reporting Person has remained in continuous service as a director.

/s/ Tom Sohn as attorney-in-

fact for Steven Andrew

ElBardissi

** Signature of Reporting Person Date

06/21/2021

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.