SEC Form 4															
FORM	4	UNITED	<b>STATES</b>	TES 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).			Filed pursu	ENT OF CHANGES IN BENEFICIAL OWNERSHIP ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person* <u>Marzouk Shaden</u>				suer Name <b>and</b> Ticke <u>utus Medical,</u>		5. Rela (Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last) (First)		(Middle)		ate of Earliest Transa 5/2023	Day/Year)		Officer (give t below)	title		(specify					
C/O ACUTUS MEDICAL, INC. 2210 FARADAY AVE., SUITE 100			4. lf	Amendment, Date of	(Month/Day/Ye	6. Indi Line) X	, ,								
(Street) CARLSBAD CA 92008			Fo							n filed by More than One Reporting on					
(City) (S	State)	(Zip)		<ul> <li>Rule 10b5-1(c) Transaction Indication</li> <li>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.</li> </ul>									ded to		
	Tab	le I - Nor	-Derivative	Securities Acq	uired,	Disp	oosed of, o	r Ben	eficially	Owned					
Date			2. Transaction Date (Month/Day/Year	Execution Date,		ction nstr.	4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Followi Reported	Form: Direct (D) or Indirect	Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount	(A) or (D)	Price	Transaction(s)			(Instr. 4)		

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

A

8,400<sup>(2)</sup>

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
FORM 4 <sup>(3)</sup>	\$0.8349	06/15/2023		Α		19,600		06/15/2024 <sup>(4)</sup>	06/15/2033	FORM 4 <sup>(1)</sup>	19,600	\$ <b>0</b>	19,600	D	

Explanation of Responses:

1. Common Stock

FORM 4<sup>(1)</sup>

2. 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.

3. Stock Options (Right to Buy)

4. 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, fi on such date the Reporting Person has remained in continuous service as director.

## Remarks:

Tom Sohn

\*\* Signature of Reporting Person

\$<mark>0</mark>

Α

20,822

D

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).

06/15/2023

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.

06/15/2023 Date