The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL OMB 3235-Number: 0076 Estimated average burden hours per 4.00 response:

1. Issuer's Identity

CIK (Filer ID Nu	mber) Previous Names	X None	Entity Type
0001522860			X Corporation
Name of Issue	er		Limited Partnership
Acutus Medical, Inc.			Limited Liability Company
Jurisdiction of			General Partnership
Incorporation/Orga	nization		Business Trust
DELAWARE			Other (Specify)
-	tion/Organization		
X Over Five Years Ago			
Within Last Five Years (Specify Year)		
Yet to Be Formed			
2. Principal Place of Busine	ss and Contact Information		
Name	of Issuer		
Acutus Medical, Inc.			
Street Address 1		Street Address 2	
2210 FARADAY AVE		SUITE 100	
City	State/Province/Country		Phone Number of Issuer
CARLSBAD	CALIFORNIA	92008	442-232-6080
3. Related Persons			
Last Name	Firs	t Name	Middle Name
Roman	David		
Street Address 1		Address 2	
c/o Acutus Medical, Inc.		AVE, SUITE 100	
City		vince/Country	ZIP/PostalCode
Carlsbad	CALIFORNIA	9200	8
Relationship: X Executive	Officer Director Promot	er	
Clarification of Response (in	f Necessary):		
Last Name	Firs	t Name	Middle Name
Huennekens	Scott		
Street Address 1	Street	Address 2	
c/o Acutus Medical, Inc.	2210 FARADAY	AVE, SUITE 100	
City	State/Prov	vince/Country	ZIP/PostalCode
Carlsbad	CALIFORNIA	9200	8

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Hinrichs	Jim	
Street Address 1	Street Address 2	
c/o Acutus Medical, Inc.	2210 FARADAY AVE, SUITE 100	
City	State/Province/Country	ZIP/PostalCode
Carlsbad	CALIFORNIA	92008
Relationship: Executive Offic	er X Director Promoter	
Clarification of Response (if Nec	essary):	
Last Name	First Name	Middle Name
ElBardissi	Andrew	
Street Address 1	Street Address 2	
c/o Acutus Medical, Inc.	2210 FARADAY AVE, SUITE 100	
City	State/Province/Country	ZIP/PostalCode
Carlsbad	CALIFORNIA	92008
	er X Director Promoter	,2000
-		
Clarification of Response (if Nec	cəsai y j.	
Last Name	First Name	Middle Name
Bonita	David	
Street Address 1	Street Address 2	
c/o Acutus Medical, Inc.	2210 FARADAY AVE, SUITE 100	
City	State/Province/Country	ZIP/PostalCode
Carlsbad	CALIFORNIA	92008
Relationship: Executive Offic	er X Director Promoter	
Clarification of Response (if Nec	essary):	
Last Name	First Name	Middle Name
Marzouk	Shaden	
Street Address 1	Street Address 2	
c/o Acutus Medical, Inc.	2210 FARADAY AVE, SUITE 100	
City	State/Province/Country	ZIP/PostalCode
Carlsbad	CALIFORNIA	92008
Relationship: Executive Offic	er X Director Promoter	
Clarification of Response (if Nec	essary):	
		Middle Nome
Last Name	First Name	Middle Name
Cramp	Daniella	
Street Address 1	Street Address 2	
c/o Acutus Medical, Inc.	2210 FARADAY AVE, SUITE 100	
City	State/Province/Country	ZIP/PostalCode
Carlsbad	CALIFORNIA	92008
Relationship: Executive Offic	er X Director Promoter	
Clarification of Response (if Nec	essary):	
Last Name	First Name	Middle Name
Pellegrini	Niamh	
Street Address 1	Street Address 2	
c/o Acutus Medical, Inc.	2210 FARADAY AVE, SUITE 100	
City	State/Province/Country	ZIP/PostalCode
Carlsbad	CALIFORNIA	92008

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name		Middle Name
McQuillan	Steven		
Street Address 1	Street Address 2		
c/o Acutus Medical, Inc.	2210 FARADAY AVE, SUITE 100		
City	State/Province/Country		ZIP/PostalCode
Carlsbad	CALIFORNIA	92008	
Relationship: X Executive Officer	Director Promoter		

Clarification of Response (if Necessary):

\mathbf{L}_{i}	ast Name	First Name		Middle Name
Sheridan		John		
Stree	et Address 1	Street Address 2		
c/o Acutus Med	dical, Inc.	2210 FARADAY AVE, SUITE 100		
	City	State/Province/Country		ZIP/PostalCode
Carlsbad		CALIFORNIA	92008	
Relationship:	Executive Office	er X Director Promoter		

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Banking & Financia Commercial Ban Insurance Investing Investment Bank Pooled Investment Is the issuer regis an investment co the Investment C Act of 1940?	king ing nt Fund tered as mpany under	Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals X Other Health Care Manufacturing Real Estate Commercial	Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions
Yes	No	Construction	Tourism & Travel Services
Other Banking & Financial Services		REITS & Finance	Other Travel
Business Services Energy Coal Mining		Residential Other Real Estate	Other

5. Issuer Size

Oil & Gas

Other Energy

Electric Utilities

Energy Conservation Environmental Services

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 -		\$25,000,001 - \$50,000,000

\$25,000,000			
\$25,000,001 - \$100,000,000	\$50,000,001 - \$1	00,000,000	
Over \$100,000,000	Over \$100,000,0	00	
X Decline to Disclose	Decline to Disclose		
Not Applicable	Not Applicable		
6. Federal Exemption(s) and Exclusion(s) Claim	ned (select all that	apply)	
	Investment C	Company Act Section 3(c)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)	(1) Section $3(c)(9)$	
Rule 504 (b)(1)(i)	Section 3(c)	(2) Section $3(c)(10)$	
Rule 504 (b)(1)(ii)	Section 3(c)	(3) Section 3(c)(11)	
Rule 504 (b)(1)(iii)	Section 3(c)	(4) Section $3(c)(12)$	
X Rule 506(b) Rule 506(c)	Section 3(c)		
Securities Act Section 4(a)(5)	Section 3(c)		
	Section 3(c)		
	Section 5(c)(1)	
7. Type of Filing			
X New Notice Date of First Sale 2022-06-30 Amendment	First Sale Yet to	Occur	
8. Duration of Offering			
Does the Issuer intend this offering to last more	than one year?	Yes X No	
9. Type(s) of Securities Offered (select all that a	pply)		
Equity		Pooled Investment Fund Interests	
Debt		Tenant-in-Common Securities	
X Option, Warrant or Other Right to Acquire A	-	Mineral Property Securities	
Security to be Acquired Upon Exercise of Op Other Right to Acquire Security	ption, Warrant or	Other (describe)	
10. Business Combination Transaction			
Is this offering being made in connection with a as a merger, acquisition or exchange offer?	a business combina	ation transaction, such Yes X N	0
Clarification of Response (if Necessary):			
11. Minimum Investment			
Minimum investment accepted from any outside	e investor \$0 USE)	
12. Sales Compensation			
Recipient	Recipi	ent CRD Number X None	
(Associated) Broker or Dealer X None	(Assoc Numb	viated) Broker or Dealer CRD er	X None
Street Address 1		Street Address 2	

City

State(s) of Solicitation (select all that apply)AllCheck "All States" or check individualStates

Foreign/non-US

State/Province/Country

ZIP/Postal

Code

13. Offering and Sales Amounts

Total Offering Amount\$4,200,001 USD orIndefiniteTotal Amount Sold\$0 USD\$0 USDTotal Remaining to be Sold \$4,200,001 USD orIndefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$0 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statues, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Acutus Medical, Inc.	/s/ David Roman	David Roman	Chief Financial Officer	2022-07-14

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.