FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-0287									
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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*						2. Issuer Name <b>and</b> Ticker or Trading Symbol Acutus Medical, Inc. [ AFIB ]								Check all	ship of Re applicable rector		Person(s) to Is		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023									Officer (give title below)		Other (s below)	specify	
C/O ACUTUS MEDICAL, INC. 2210 FARADAY AVE., SUITE 100					4. If A	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)	BAD C.	A	92008			1 - 4	101.5	4 (-)	<b>T</b>						orm filed b erson	y More th	nan One Repo	orting	
(City)	(S		(Zip)			Check	k this box y the affirr	to indi	cate that a t defense co	ransa	ns of Rule 10	ade pursu 0b5-1(c).	iant to a c See Instru	ction 10.		written pla	an that is intend	ed to	
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					action	ction 2A. Deemed Execution Date,		3. 4. Securiti Disposed Code (Instr. 5)		f, or Beneficia ties Acquired (A) or Of (D) (Instr. 3, 4 a		5. A and Sec Ber Ow	mount of curities neficially ned Follow	Fo (D)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or Pric	Tra	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
FORM 4 <sup>(1)</sup> 06/15/2				2023			A		8,400(2	<sup>2)</sup> A	. \$	24,347			D				
		Т									sed of, onvertib				ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)			and t of ies ving ive y (Instr. 3	8. Pric Deriva Securi (Instr.	tive deriv ty Secu 5) Ben Own Follo Rep	owing orted isaction(s	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cı	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amoun or Numbe of Shares						
FORM 4 <sup>(3)</sup>	\$0.8349	06/15/2023			A		19,600		06/15/2024	(4)	06/15/2033	FORM 4 <sup>(1)</sup>	19,60	\$0		19,600	D		

## **Explanation of Responses:**

- 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

06/15/2023

\*\* 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.