FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average bu	urden								
- 1	l 6	0.5								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Secti	ion 30(n) (or the	Inve	estment	Con	npany Act	of 194	.0								
Name and Address of Reporting Person* Huennekens R Scott						2. Issuer Name and Ticker or Trading Symbol Acutus Medical, Inc. [AFIB]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Hueimekens K Scott																X C	irecto	or	r 10% (vner	
(Last) (First) (Middle) C/O ACUTUS MEDICAL, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/16/2022									7	Officer (give title Other (spelow) below)					specify	
2210 FARADAY AVE., SUITE 100																						
						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																X	orm f	iled by One	e Repo	orting Perso	n	
CARLSBAD CA 92008																Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)																			
		Tat	ole I - Noi	n-Deriv	ativ	e Se	curities	s Ac	qui	ired, [Disp	osed o	f, or	Ben	eficial	ly Ow	ned					
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year		ear)	2A. Deemed Execution Date, ar) if any (Month/Day/Year			3. Transac Code (Ir 8)					i (A) or : 3, 4 and	4 and Securiti Benefic Owned		s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3 a		ion(s)			(Instr. 4)	
Common Stock					6/2022					Α		8,400	(1)	A	\$0		8,400		D			
Common Stock																	507,509				By Front Foot Trust ⁽²⁾	
			Table II -									sed of, onvertil				Own	ed		•			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (8)				Exp	Date Exe piration onth/Day	Date		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Security	Deriv Secu	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C S Illy D O	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Dat	ite ercisable		expiration tate	Title		Amount or Number of Shares							
Stock Options (Right to	\$0.5036	06/16/2022			A		19,600			(3)	0	6/16/2032	Comi Sto		19,600	\$	0	19,60	0	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. The reporting person disclaims beneficial ownership in these securities except to the extent of his pecuniary interest therein.
- 3. 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-infact for R. Scott Huennekens

06/21/2022

** 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.