FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549	

vvasnington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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

OMB APP	ROVAL								
OMB Number:	3235-0287								
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					or S	ectio	on 30(h) o	of the	Ínvestmen	t Con	npany Act o	of 1940							
						2. Issuer Name <b>and</b> Ticker or Trading Symbol Acutus Medical, Inc. [ AFIB ]										onship of Reporting Person(s) to Il applicable)		son(s) to Iss	
(Last)	(F	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023							Λ		(give title		Other (specify below)		
C/O ACUTUS MEDICAL, INC. 2210 FARADAY AVE., SUITE 100				4. If <i>i</i>	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	Α	92008										Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)		Rule 10b5-1(c) Transaction Indication  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.									ed to					
		Tabl	le I - Noi	n-Deriva	ative	Sec	curities	Aco	quired,	Disp	osed of	, or B	enefic	ially	Owne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		Transaction Disposed Code (Instr. 5)		ies Acquired (A) Of (D) (Instr. 3, 4		4 and Securiti Benefic Owned		ies For cially (D) Following (I) (		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or Pri	се	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
FORM 4 <sup>(1)</sup> 06/15/.					2023				A		8,400(2	8,400 <sup>(2)</sup> A		\$0 20,822		,822		D	
		Т							,		osed of, o			•	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			supposed 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. and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amour or Number of Shares	er					
FORM	¢0 8340	06/15/2022			Λ		19 600		06/15/202/	1(4)	06/15/2022	FORM	19.60	00	40	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.