SEC For																				
	FORM	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL				
Section 16. Form 4 or Form 5 obligations may continue. See						A 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 <sup>*</sup> Sheridan John F						2. Issuer Name and Ticker or Trading Symbol <u>Acutus Medical, Inc.</u> [ AFIB ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify				ner	
	ast) (First) (Middle) /O ACUTUS MEDICAL, INC. 210 FARADAY AVE., SUITE 100				3. Date of Earliest Transaction (Month/Day/Year) 06/16/2022										below) below)					
(Street)	· · ·				4.1	<ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing Line)</li> <li>X Form filed by One Report Form filed by More than Person</li> </ul>										orting Persor	ı			
(City)	(S	itate)	(Zip)																	
		Tab	ole I - Nor	n-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	of, or E	Ben	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/					action 2A. Deemo Execution if any (Month/Da			Date, Transa Code			ties Acquired (A) or d Of (D) (Instr. 3, 4 an			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership Instr. 4)		
									Code	v	Amount	(A (D	) or )	Price	Transaction(s) (Instr. 3 and 4)		ĹĹ		insu. 4)	
Common Stock 06/16					6/202	2022			Α		8,400	8,400 <sup>(1)</sup> A		\$ <mark>0</mark>	15,947		D			
		-	Table II -								osed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		•	of Sec Underl Deriva	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) Exercisable Date Expiration Date Date Title Shares													
Stock Options (Right to Buy)	<b>\$</b> 0.5036	06/16/2022			Α		19,600		(2)	0	06/16/2032	Comm Stock		19,600	\$ <u>0</u>	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. 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.

<u>/s/ Tom Sohn as attorney-in-</u> <u>fact for John F. Sheridan</u> <u>06/21/2022</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.