FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average I	burden								
hours per response:	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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>LAVIOLETTE PAUL A</u>				2. I <u>A</u>	2. Issuer Name and Ticker or Trading Symbol ASENSUS SURGICAL, INC. [ASXC]								Relationship neck all appl X Direct	cable)	g Pers	on(s) to Issu 10% Ov			
(Last) ONE BO	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/30/2021								Office below	(give title	Other (spe below)		specify	
201 WASHINGTON STREET, SUITE 3900					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)	N M	A	02108		-							Lir	X Form	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si	tate)	(Zip)																
		Tal	ole I - No	n-Deri	vativ	e Se	curitie	s Ac	quired	, Dis	posed of	f, or Be	neficia	ly Owne	i				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 in the control of th				Benefic	es ially Following	s Form ally (D) o ollowing (I) (In		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price	Transa (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 07/01/2				/202	2021 A 13,846 ⁽¹⁾⁽²⁾ A \$		\$0.0)(1) 13	13,846 ⁽³⁾		D								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and A of Securities Underlying Derivative Se (Instr. 3 and A			ies g Security	Derivative Security	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)	Date Exercisal	ble	Expiration Date	Title	Amoun or Numbe of Shares	1					
Stock Option ⁽⁴⁾	\$3.17	06/30/2021			A		10,025		12/31/202	21 ⁽⁵⁾	06/30/2028	Common Stock	10,02	\$0.00	10,02	5	D		

Explanation of Responses:

- $1. \ Represents \ restricted \ stock \ units \ ("RSUs"). \ Each \ RSU \ represents \ the \ right \ to \ receive \ one \ share \ of \ the \ Registrant's \ common \ stock.$
- 2. Forfeiture restrictions will lapse on the RSUs on the first anniversary of the date of grant, provided that if the date of the 2022 annual meeting of stockholders is earlier, the restrictions will lapse on the date of
- 3. The Reporting Person has assigned shares issued from prior grants of restricted stock units to SV Health Investors in accordance with its operating agreement and is expected to transfer the shares underlying this reported award upon vesting
- 4. Represents an equity award issued under the Registrant's Amended and Restated Incentive Compensation Plan in lieu of an annual cash retainer, paid quarterly in arrears for the quarter ended June 30, 2021.
- 5. The award is fully exercisable six months after the grant date, subject to earlier acceleration as approved by the Board of Directors.

Remarks:

/s/ Joshua Weingard, as attorney-in-fact for Paul A.

07/02/2021

LaViolette

** 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.