FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*  Kwo Elizabeth					2. Issuer Name <b>and</b> Ticker or Trading Symbol ASENSUS SURGICAL, INC. [ ASXC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
IXWO EHZUDCHI														X	Direc	tor		10% O	wner	
(Last)	(Fir	st) (NDER DRIVE	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2022									Office belov	cer (give title ow)		Other ( below)	specify	
SUITE 1	60				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)					1									X Form filed by One Reporting Person					on	
DURHA 	M NO	2	27703													filed by Mo		-		
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	l, Dis	sposed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution Date,					s Acquired (A) o f (D) (Instr. 3, 4 a		and 5) Securi Benefi		cially I Following	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A) oi (D)	Price	Tran		action(s) 3 and 4)				
Common Stock 03/15/20					.022				P		18,000	A	\$0.53	531 <sup>(1)</sup> 72,7		2,201(2)		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	f 2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  3. A. Deemed Execution Date, if any (Month/Day/Year)		Code ( 8)	sansaction of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)		vative prities pired r osed ) r. 3, 4	6. Date Expira (Monti	ntion D		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)  Amour or Numbe of Title Shares				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 Beneficia Ownership (Instr. 4)			

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$0.53 to \$0.5313, with a weighted average price per share of \$0.5310. The reporting person undertakes to provide to Asensus Surgical, Inc., any security holder of Asensus Surgical, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote to this Form 4.
- 2. Includes 54,201 shares underlying restricted stock units that were granted on July 22, 2021, and will vest one-third each on the first, second and third anniversaries of the date of grant as long as the reporting person continues to provide service to Asensus Surgical, Inc.

## Remarks:

/s/ Joshua Weingard as attorney in fact for Elizabeth

03/16/2022

**Kwo** 

\*\* 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.