SEC Form 4	
FORM	4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL									
OMB Number: 3235-0287									
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	sfy the affirmative ons of Rule 10b5- ction 10.					
1	ess of Reporting Pers		2. Issuer Name and Ticker or Trading Symbol		tionship of Reporting Pers	son(s) to Issuer
PFENNIGE	R RICHARD (	<u>C JR</u>	ASENSUS SURGICAL, INC. [ ASXC ]		Director	10% Owner
	(First) SURGICAL, IN		3. Date of Earliest Transaction (Month/Day/Year) 08/22/2024		Officer (give title below)	Other (specify below)
	NDER DRIVE, SU	JILE 100	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filinູ	g (Check Applicable
(Street)					Form filed by One Repo	orting Person
DURHAM	NC	27703			Form filed by More thar Person	n One Reporting
(City)	(State)	(Zip)				

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)					Securities Beneficially	Form: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11150. 4)
Common Stock	08/22/2024		D		189,417	D	(1)	0	D	

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puis, cais, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		5. Number of Expiration Date Cerivative Securities Acquired A) or Disposed of (D) Instr. 3, 4		Expiration Date (Month/Day/Year)		nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		nount of curities derlying vivative curity (Instr. 5)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares								

#### Explanation of Responses:

1. The reported securities were disposed of pursuant to the terms of an Agreement and Plan of Merger (the "Merger Agreement"), dated as of June 6, 2024, by and among Asensus Surgical, Inc., a Delaware corporation ("Asensus"), KARL STORZ Endoscopy-America, Inc., a California corporation ("Parent"), and Karl Storz California Inc., a California corporation ("Merger Sub merged with and into Asensus with Asensus as the surviving corporation of the merger (the "Merger"). Upon the effective time of the Merger, the reporting person received \$0.35 in cash, without interest and less applicable withholding taxes for each share of common stock.

/s/ Joshua Weingard as attorney-in-fact for Richard Pfenniger

Pfenniger

\*\* Signature of Reporting Person Date

08/22/2024

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.