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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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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hours per response:	0.5						

		on*	2. Issuer Name and Ticker or Trading Symbol ASENSUS SURGICAL, INC. [ASXC]		tionship of Reporting Perso all applicable) Director	rson(s) to Issuer 10% Owner Other (specify below)	
C/O ASENSUS SURGICAL, INC.		2.	3. Date of Earliest Transaction (Month/Day/Year) 08/22/2024		Officer (give title below)		
1 TW ALEXANDER DRIVE, SUITE 160		ITE 160	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicat Line)			
(Street) DURHAM	NC	27703		~	Form filed by One Repor Form filed by More than Person	0	
(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. Transaction Code (Instr. 8)		A. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		Disposed Of (D) (Instr. 3, 4 and		Form: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(11150. 4)
Common Stock	08/22/2024		D		619,884	D	(1)	0	D	

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

	(e.g., puts, cans, 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 Deriv Secu Acqu (A) o Dispo of (D (Instr	5. Number of mber Derivative Securities Acquired A) or Disposed		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate Amount of		Amount of Derivative Security Security Inderlying (Instr. 5) Derivative Security (Instr. a and 4)		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 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 David

Milne

** 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.