FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average 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).

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(n). See Instruction 2.

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(c). Se	ee Instruction 1	0.																		
1. Name and Address of Reporting Person* Starling William N JR						2. Issuer Name <b>and</b> Ticker or Trading Symbol ASENSUS SURGICAL, INC. [ ASXC ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)    Director 10% Owner					
Starring William IV JIC																		10% O		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/22/2024									Office below	er (give title /)		Other ( below)	specify		
C/O ASE	ENSUS SUI																			
1 TW ALEXANDER DRIVE, SUITE 160						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														1 1	_	filed by On	o Bon	orting Porc	on	
DURHAM NC 27703						Form filed by One Reporting  Form filed by More than One									•					
															Person					
(City)	(St	ate) (Z	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						y/Year) Execu		Deemed cution Date, y nth/Day/Year)		action (Instr.	4. Securities Acquired (ADisposed Of (D) (Instr. 35)		, 4 and Secur Benef Owne		ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or	Price		ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 08/22/2						2024			D		13,846	I	)	(1)		0		D		
Common Stock 08/22/2						2024			D		39,134	I	)	(1)		0		I	By Trust	
		Tal									osed of, o				/ Owned	d				
				(e.g., pu	115, 6	1115, V	valle	aiits,	optioi	15, 0	onvertib	1		.162)						
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Executity or Exercise (Month/Day/Year) if any		if any	ion Date, Tran		ection Instr.	of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		S (	s. Price of Derivative Security Instr. 5)		illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)			Date Expiration			Amo or Num of Shar	ber						

## **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"), pursuant to which 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 William

08/22/2024

Starling, Jr.

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.