FORM 3

Madryn Health Partners, LP

(First)

(Middle)

(Last)

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL 3235-0104 OMB Number: Estimated average burden hours per response:

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	or Se	ection 30(h) of	f the Investment Company	Act o	of 1940				
Name and Address of Reporting Person Madryn Asset Management, LP	Requirin	g Statement Day/Year)	3. Issuer Name and Tic Venus Concept		_	-			
(Last) (First) (Middle) 140 E. 45TH STREET, 15TH FLOO	OR		Relationship of Repollssuer (Check all applicable) Director	orting X			File	d (Month/Day	,
(Street) NEW YORK NY 10017			Officer (give title below)		Other below)	(specify		Form filed Person	by One Reporting by More than One
(City) (State) (Zip)									
	Table I - No	on-Deriva	tive Securities Ben	efic	ially O	wned			
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Ins 4)		3. Owner Form: I (D) or II (I) (Inst	Direct ndirect		ture of Indire ership (Instr.	
Common Stock			621,821]	[See	footnotes ⁽¹⁾⁽	2)
Common Stock			1,058,777]	I	See	footnotes(2)(3)
(e			e Securities Benefi ants, options, conv)		
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration D (Month/Day/	ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			4. Convers or Exerc Price of			6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Nu	ount or mber of ares		erivative or Indirect		
Secured Subordinated Convertible Notes	12/09/2020	12/09/2025	Common Stock	3,0	39,135	3.2	5	I	See footnotes ⁽¹⁾
Secured Subordinated Convertible Notes	12/09/2020	12/09/2025	Common Stock	5,1	74,744	3.2	5	I	See footnotes ⁽²⁾
Warrants	12/09/2020	12/01/2026	Common Stock	6	6,575	8.77	75	I	See footnotes ⁽¹⁾
Warrants	12/09/2020	12/01/2026	Common Stock	11	13,357	8.77	75	I	See footnotes ⁽²⁾
Name and Address of Reporting Person Madryn Asset Management,									
(Last) (First) (140 E. 45TH STREET, 15TH FLOO	Middle) DR								
(Street) NEW YORK NY	10017								
(City) (State) (Zip)								
1. Name and Address of Reporting Person									

140 E. 45TH STREET, 15TH FLOOR								
(Street) NEW YORK	NY	10017						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* Madryn Health Partners (Cayman Master), LP								
(Last) (First) (Middle) 140 E. 45TH STREET, 15TH FLOOR								
(Street) NEW YORK	NY	10017						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* Madryn Health Advisors, LP								
(Last) (First) (Middle) 140 E. 45TH STREET, 15TH FLOOR								
(Street) NEW YORK	NY	10017						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. Represents securities held directly by Madryn Health Partners, LP ("Health Partners LP"). Madryn Health Management, LP, as investment advisor for Health Partners LP, and Madryn Health Advisors, LP, as general partner of Health Partners LP, may be deemed to be beneficial owners of the shares held directly by Health Partners LP.
- 2. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein, except to the extent of such Reporting Person's pecuniary interest therein.
- 3. Represents securities held directly by Madryn Health Partners (Cayman Master), LP ("Cayman Master LP"). Madryn Health Management, LP, as investment advisor for Cayman Master LP, and Madryn Health Advisors, LP, as general partner of Cayman Master LP, may be deemed to be beneficial owners of the shares held directly by Cayman Master LP.

Remarks:

Management, LP, By: /s/ 12/18/2020 John Ricciardi, Name: John Ricciardi, Title: Authorized Signatory Madryn Health Partners, LP, By: /s/ John Ricciardi, Name: John Ricciardi, 12/18/2020 Title: Authorized **Signatory** Madryn Health Partners (Cayman Master), LP., By: /s/ John Ricciardi, Name: 12/18/2020 John Ricciardi, Title: **Authorized Signatory** Madryn Health Advisors, LP, By: /s/ John Ricciardi. Name: John Ricciardi, 12/18/2020 Title: Authorized <u>Signatory</u> ** Signature of Reporting Date

Madryn Asset

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

- * If the form is filed by more than one reporting person, see Instruction 5 (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.