(Street) THE

(City)

WOODLANDS

TX

(State)

77380

(Zip)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden er response: 0.5

| | | | | | J | | | | | hours pe | r response: | 0.5 |
|---|---|---|---------------------|---|--|-------|---|--|---|---|--|-----|
| | | | | | 16(a) of the Securities Exchar f the Investment Company Act | | | | | | | |
| EW Healthcare Partners, L.P. | | 2. Date of Event Requiring Statement (Month/Day/Year) 11/07/2019 | | 3. Issuer Name and Ticker or Trading Symbol Venus Concept Inc. [VERO] | | | | | | | | |
| (Last) (First) (Middle) 21 WATERWAY AVENUE, SUITE 225 | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | (N | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | | |
| (Street) THE WOODLANDS | X 77380 | | | | Officer (give title below) | | Other (spe below) | | plical | ble Line) Form filed b | t/Group Filing (Chec by One Reporting Pe by More than One erson | |
| (City) (Sta | ate) (Zip) | | | | | | | | | | | |
| | | Ta | able I - Non | -Deriva | tive Securities Benefic | ciall | y Owned | | | | | |
| 1. Title of Security (Instr. 4) | | | | | 2. Amount of Securities Beneficially Owned (Instr. 4) Graph of Indirect (I) (Instr. 5) Graph of Securities | | | ct (D) (Ins | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | (e.g | | | re Securities Beneficia ants, options, convert | • | | s) | | | | |
| 1. Title of Derivative Security (Instr. 4) | | 2. Date Exercisable an Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | | 4. Conversion or Exercise Price of | e Fo | 5. Ownership Form: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | | Date Exercisable | Expiratio Date | on Title | | Amount or Number of Shares | Derivative Security | o | r Indirect) (Instr. 5) | | |
| 1. Name and Address <u>EW Healthcare</u> | | | | | | | | | | | | |
| (Last) 21 WATERWAY A | (First) WENUE, SUITE 225 | (Middle) | | | | | | | | | | |
| (Street) THE WOODLANDS | TX | 77380 | | | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| 1. Name and Address EW Healthcare | of Reporting Person* Partners-A, L.P. | | | | | | | | | | | |
| (Last) 21 WATERWAY A | (First) AVENUE, SUITE 225 | (Middle) | | | | | | | | | | |
| (Street) THE WOODLANDS | TX | 77380 | | | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| 1. Name and Address Essex Woodlan | of Reporting Person* ads Fund IX-GP, L | P. | | | | | | | | | | |
| (Last) 21 WATERWAY A | (First) AVENUE, SUITE 225 | (Middle) | | | | | | | | | | |

| Name and Address of Reporting Person* Essex Woodlands IX, LLC | | | | | | | |
|---|---|-------|--|--|--|--|--|
| (Last) 21 WATERWAY | st) (First) (Middle) WATERWAY AVENUE, SUITE 225 | | | | | | |
| (Street) THE WOODLANDS | TX | 77380 | | | | | |
| (City) | (State) | (Zip) | | | | | |

Explanation of Responses:

Remarks:

No securities are beneficially owned.

EW Healthcare Partners L.P.; By Essex Woodlands Fund IX-GP, L.P., its General Partner; By Essex Woodlands IX, LLC, its General Partner; By R. Scott 11/07/2019 Barry, Manager; By Richard Kolodziejcyk, Attorney-in-Fact /s/ Richard Kolodziejcyk EW Healthcare Partners-A L.P.; By Essex Woodlands Fund IX-GP, L.P., its General Partner; By Essex Woodlands IX, LLC, its General Partner; 11/07/2019 By R. Scott Barry, Manager; By Richard Kolodziejcyk, Attorney-in-Fact /s/ Richard **Kolodziejcyk** Essex Woodlands IX-GP, L.P.; By Essex Woodlands IX, LLC, its General Partner; By R. Scott 11/07/2019 Barry, Manager; By Richard Kolodziejcyk, Attorney-in-Fact /s/ Richard Kolodziejcyk Essex Woodlands IX, LLC; By R. Scott Barry, Manager; By Richard Kolodziejcyk, 11/07/2019 Attorney-in-Fact /s/ Richard <u>Kolodziejcyk</u> ** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).