## FORM 4

Essex Woodlands Fund IX-GP, L.P.

(Street)

(First) 21 WATERWAY AVENUE SUITE 225 (Middle)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

I<sup>(2)(3)</sup>

obligati	n 16. Form 4 or ons may contir tion 1(b).			Fi			nt to Section ction 30(h) of						934			ll	per res	ponse:	=11
		Reporting Person*			2. Is	sue	r Name <b>and</b> s Concep	Ticke	er or Tradi	ng Sy	/mbol	-		neck a	onship of all applica Director		Perso	on(s) to Iss	
(Last) (First) (Middle) 21 WATERWAY AVENUE SUITE 225					3. Date of Earliest Transaction (Month/Day/Year) 05/15/2023								Officer (give title X Other (specify below)  See footnotes 2 and 3						
(Street) THE WOODLANDS TX 77380			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)		Ru	Che	10b5-1 eck this box to affirmative de	indica	ate that a ti	ansac	ction was ma	ade pursuar		act, ins	struction o	r written pl	an that	is intended	to satisfy
4 7711			ble I - No			_		_	uired,	Disp	_			_	wned			nership	7. Natui
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution		ate,	Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			i S E	Securities Beneficial Owned Fo	ly	Form: (D) or	n: Direct or Indirect nstr. 4)	Indirect Benefic Owners		
									Code	v	Amount	(A) o (D)	Price	т	Reported Fransactic Instr. 3 ar	ion(s)			(Instr. 4
			Table II -				curities A lls, warra							Owi	ned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year		3A. Deemed Execution D if any (Month/Day)	tion Date, T		tion istr.	Derivative		6. Date Exercis Expiration Date (Month/Day/Yea		e	of Securi Underlyir	ng e Security	Derivative Security		derivative Securities Beneficially Owned Following Reported		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Bene Owne t (Instr
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares	er (li		Transaction(s) (Instr. 4)			
Senior Convertible Preferred Stock	\$0.00	05/15/2023	05/15/20	23	P		280,899 <sup>(2)</sup>		(1)		(1)	Common Stock	749,073	3	\$7.12	280,8	99	I <sup>(2)(3)</sup>	I <sup>(2)(3)</sup>
		Reporting Person* Partners, L.P.																	
(Last) 21 WATE	ERWAY AV	(First) ENUE SUITE 2	(Middl	e)															
(Street) THE WOODL	ANDS	TX	7738	0															
(City)		(State)	(Zip)			_													
		Reporting Person* Partners-A, L	<u>.P.</u>																
(Last) 21 WATE	ERWAY AV	(First) ENUE SUITE 2	(Middl	e)															
(Street) THE WOODL	ANDS	TX	7738	0															
(City)		(State)	(Zip)																
1. Name an	nd Address of	Reporting Person*					]												

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

## **Explanation of Responses:**

- 1. The shares of Senior Convertible Preferred Stock are convertible into shares of Common Stock at a ratio of 2.6667 shares of Common Stock for each share of Senior Convertible Preferred Stock at the option of the holder at any time or at the option of the Issuer under certain conditions. The Senior Convertible Preferred Stock do not expire.
- 2. The share total shown above is the aggregate amount of shares of Senior Convertible Preferred Stock purchased by EW Healthcare Partners, L.P. ("EWHP") and EW Healthcare Partners-A, L.P. ("EWHP-A") on the date set forth above. EWHP purchased 270,035 shares of the amount shown above and EWHP-A purchased 10,864 shares of the amount shown above.
- 3. Essex Woodlands Fund IX-GP, L.P. (the "EW Fund IX GP"), is the general partner of each of EW Healthcare Partners, L.P. ("EWHP") and EW Healthcare Partners-A, L.P. ("EWHP-A" and together with EWHP, the "EWHP Funds"). Essex Woodlands IX, LLC (the "General Partner") is the general partner of EW Fund IX GP. The General Partner holds sole voting and dispositive power over the shares held by each of the EW Funds (the "Shares"). The managers of the General Partner are Martin P. Sutter, Scott Barry, Ron Eastman, and Petri Vainio (collectively, the "Managers") and may exercise voting and investment control over the Shares only by majority action of the Managers. Each individual Manager, the EW Funds GP and the General Partner disclaims ownership over the Shares except to the extent of his or its respective pecuniary interest therein.

## Remarks:

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 Scott Barry,

Manager Partner; By Scott 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, 05/17/2023 its General Partner; By Scott Barry, Manager; By Richard Kolodziejcyk, Attorney-in-Fact, /s/ Richard Kolodziejcyk Essex Woodlands Fund IX-GP, L.P.; By Essex Woodlands IX, LLC, its General Partner; By 05/17/2023 Scott Barry, Manager; By Richard Kolodziejcyk, Attorney-in-Fact, /s/ Richard <u>Kolodziejcyk</u> Essex Woodlands IX, LLC; By Scott Barry, Manager; By 05/17/2023 Richard Kolodziejcyk, Attorney-in-Fact, /s/ Richard Kolodziejcyk \*\* Signature of Reporting Person Date

 $\label{lem:Remonder$ 

- \* 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.