Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Stock Option (right to buy)	\$ 2.77	08/18/2016		A		60,00	0	(1)	08/18	/2026	Common Stock	60,000	\$ 0	60,000	D	
				Code	v	(A)	(D)	Date Exercisal	Expira Date	tion	Title	Amount or Number of Shares				
Security (Instr. 3)	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code				Expiratio (Month/I	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security Direct (I or Indire	Ownersh: (Instr. 4)
Reminder:	Report on a	separate line for eac	Table II -	Derivativ	ve Se	ecurities	Acqu	Perso conta form o	ns who r ined in th displays	nis for a curr or Bene	m are not ently valid	required OMB c	n of inforn I to respo ontrol nur	nd unless		474 (9-02)
				(Month/Day/Y		/Year)	Cod	e V	Amount	(A) or (D)	Price	(Instr. 3 and 4)				Ownership (Instr. 4)
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)								4. Securition (A) or Disposition (Instr. 3, 4)	posed o	of (D) Owr Tran	Owned Following Reported Transaction(s)			Ownership of In Form: Ben	Beneficial	
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned				
(Street) MADISON HEIGHTS, MI 48071				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Last) (First) (Middle) C/O INFUSYSTEM HOLDINGS, INC., 31700 RESEARCH PARK DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 08/18/2016							X	X Officer (give title below) Other (specify below) EVP & Chief Operating Officer				w)
(Print or Type Responses) 1. Name and Address of Reporting Person * Skonieczny Janet				2. Issuer Name and Ticker or Trading Symbol InfuSystem Holdings, Inc [INFU]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Skonieczny Janet C/O INFUSYSTEM HOLDINGS, INC. 31700 RESEARCH PARK DRIVE MADISON HEIGHTS, MI 48071			EVP & Chief Operating Officer					

Signatures

/s/Sean Schembri, Attorney-in-Fact for Janet Skonieczny	08/18/2016
Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- The option, representing the right to purchase a total of 60,000 shares of InfuSystem Holdings, Inc. common stock, vests in thirty-six monthly installments beginning September 18, 2016.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.