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

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

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

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

| (Print or Ty | pe Kesponse | 23) | | | | | | | | | | | | | |
|--|---|---|---|--|--|--|--------------------------|--|--|--|---------------|---|---|---|--------------------------------|
| 1. Name and Address of Reporting Person * Morris Ryan J. (Last) (First) (Middle) C/O INFUSYSTEM HOLDINGS, INC., 31700 RESEARCH PARK DRIVE | | Issuer Name and Ticker or Trading Symbol InfuSystem Holdings, Inc [INFU] Date of Earliest Transaction (Month/Day/Year) 01/18/2017 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
| | | | | | | | | Officer (give title below) Other (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (Street) | | | | | | | _X_ | | | | | | | | |
| MADISO | N HEIGH | TS, MI 48071 | | | | | | | | | Form filed by | More than One | Reporting Person | | |
| (City | (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | ed | | | |
| 1.Title of S (Instr. 3) | ecurity | | Date (Month/Day/Year) | 2A. Deen Execution any (Month/E | n Date | (In (ear) | | (A (In | Securities Acquilities (Acquilities) or Disposed constr. 3, 4 and 5) (A) or (D) | of (D) Own Trai | | | ed OFF | wnership of orm: Be orirect (D) or Indirect (Ir | eneficial wnership |
| | | | | | | | | | who respon | | | | iation nd unless th | | 74 (9-02) |
| | | | | | | | | form dis | plays a curre | ently valid | d OMB c | | | | |
| Security | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | 4. Transact | , calls, 5 tion of [1] | 5. Numborf Derivative Securities Acquired (A) or Disposed (D) (Instr. 3, | onts, oner ove es d d of | form dis | plays a curre sed of, or Bene vertible secur reisable and Date | ently valid | d OMB covned | 8. Price of | | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | Benefici |
| Derivative Security | Conversion or Exercise Price of Derivative | Date | 3A. Deemed Execution Date, if any | 4. Transact | , calls, 5 tion of [1] | 5. Numb of Derivative Securities Acquired (A) or Disposed (D) | ve es d d of , 4, | form distinction of the distribution of the di | ed of, or Benevertible secur rcisable and Date //Year) | eficially Ovities) 7. Title an Amount o Underlyin Securities | d OMB covned | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | of Indire Benefic Owners |

| | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Morris Ryan J. C/O INFUSYSTEM HOLDINGS, INC. 31700 RESEARCH PARK DRIVE MADISON HEIGHTS, MI 48071 | X | | | | | |

Signatures

| /s/Sean Schembri, Attorney-in-Fact for Ryan J. Morris | 01/27/2017 |
|---|------------|
| **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 25,000 shares of InfuSystem Holdings, Inc. common stock, vests in twelve monthly installments beginning February 18, 2017.

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.