FORM 4	ŀ
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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 hours per response... 0.5

#### 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 Type Respons	es)											
1. Name and Address of Reporting Person <sup>*</sup> – Lehman Gregg Owen			2. Issuer Name <b>and</b> Ticker or Trading Symbol InfuSystem Holdings, Inc [INFU]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) (First) (Middle) C/O INFUSYSTEM HOLDINGS, INC., 31700 RESEARCH PARK DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 05/13/2015						Officer (give title below)	ther (specify below	ow)	
(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			
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acc							Acqu	ired, Disposed of, or Beneficially Ov	vned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if any	(Instr. 8)			isposed o	of (D)	Transaction(s)	Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	

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

Persons who respond to the collection of information contained in SEC 1474 (9-02) this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exer	rcisable and	7. Title and	l	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration I	Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivativ	ve	(Month/Day	/Year)	Underlying Secur		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securitie	curities		Securities		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquired	b	(		(Instr. 3 and 4)			Owned	Security:	(Instr. 4)
	Security					(A) or						0	Direct (D)		
						Disposed	d of						1	or Indirect	
						(D)							Transaction(s)	· · /	
						(Instr. 3,	4,						(Instr. 4)	(Instr. 4)	
						and 5)			I						
											Amount				
								Date	Expiration		or				
								Exercisable			Number				
				Cele	<b>x</b> 7						of				
				Code	v	(A)	(D)				Shares				
Stock															
option	\$ 3.42	05/12/2015		٨		(0.000		(1)	05/13/2020	Common Stock	(0.000	¢ 0	(0.000	D	
(right to	\$ 3.42	05/13/2015		А		60,000		111	05/15/2020	Stock	60,000	\$ 0	60,000	D	
buy)															
j )															

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Lehman Gregg Owen C/O INFUSYSTEM HOLDINGS, INC. 31700 RESEARCH PARK DRIVE MADISON HEIGHTS, MI 48071	Х							

## Signatures

/s/ Trent Smith, attorney-in-fact	05/15/2015
**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).

(1) The option, representing the right to purchase a total of 60,000 shares, vests in twelve equal monthly installments beginning June 13, 2015 and immediately upon a change in control.

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.