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

STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP OF SECURITIES**

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

| (Print or Type | pe Respons | es) | | | | | | | | | | | | | | | |
|--|------------------------|--|---|---|---|--------------|---|-----|------------------|------|--|---|--|------------------------|--|--|------------|
| Name and Address of Reporting Person - Freddo James L | | | | 2. Issuer Name and Ticker or Trading Symbol InfuSystem Holdings, Inc | | | | | adin | 9 | 5. Relationship o o Issuer (Check X Director | all applicat | | | | | |
| | | | | [INHI.OB] | | | | | | b | Officer (give ti | tle Ot | her (specify | | | | |
| (Last) (First) (Middle) C/O INFUSYSTEM HOLDINGS, INC., 1551 EAST LINCOLN AVENUE, SUITE 200 | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2008 | | | | | | | | , | | | | | | |
| | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities A | | | | | | | | ed of, or Bo | eneficially | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | Year) Execution | | 3. Transaction Code (Instr. 8) | | 4. Securitien Acquired (Acquired (Acquired (Instr. 3, 4 | | (A) or of (D) | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | ٧ | Amoun | _ | A) or O) P | rice | Reported Transaction(s) (Instr. 3 and | (I) (Instr. 4) | (mstr. 4) | | | | |
| Common Stock, par value \$0.0001 per share | 06/03/20 | 008 | | | А | | 40,000 <u>(1)</u> | 0 4 | \$ | 0 | 40,000 | D | | | | | |
| | Report on a owned dire | | | each clas | | Pers | sons wh | | - | | to the collection | | EC 1474 | | | | |
| | | | | | | requ disp | uired to | res | pon | d uı | in this form an nless the form alid OMB contro | | (9-02) | | | | |
| | Table | | | Securities calls, war | | | | | | | neficially Owned | i | | | | | |
| Security (Instr. 3) | Conversion | 3. Trans Date (Month/I exercise rice of lerivative | | ansaction 3A. De Executh/Day/Year) if any | | , 4 C | 4. Transaction Code (Instr. 8) | | 5. | | 6. Date Exer and Expiration (Month/Day/) verses d | on Date | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficial |
| | | | | | | | Code | V | (A) | (0 | Date Exercisable | Expiration Date | Amount or Title Number of Shares | | | | |
| Repor | ting C |)wne | ers | | | | | | | | | | | | | | |

| Departing Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| eddo James L O INFUSYSTEM HOLDINGS, INC. | V | | | | | |

| /s/ James L. Freddo, M.D. | 06/05/2008 |
|--------------------------------|------------|
| -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) These shares are subject to forfeiture under certain conditions.

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.