FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
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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 Ty | pe Response | es) | | | | | | | | | | | | | | | | |
|--|---|------------|------------------------------------|---|---|----------------------------------|---|---|--|-------------------------------|--|--|--|---------|--|--|--|--|
| Name and Address of Reporting Person - LaVecchia Pat | | | | 2. Issuer Name and Ticker or Trading Symbol InfuSystem Holdings, Inc [INHI.OB] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director | | | | | | | | | |
| (Last) (First) (Middle) C/O INFUSYSTEM HOLDINGS, INC., 31700 RESEARCH PARK DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/11/2010 | | | | | | 50.01 | | 20.001 | | | | | | |
| (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 | | | k | | | | | | |
| (City) (State) (Zip) | | | | | | | | | cquired, Disposed of, or Beneficially ned | | | | , | | | | | |
| 1.Title of Security (Instr. 3) 2. Transact Date (Month/Date | | | | n Date, | 3. Transaction Code (Instr. 8) | | 4. Securitien Acquired (ADisposed of (Instr. 3, 4 | | A) or Sof (D) E and 5) | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) | Beneficial Ownership | t I | | | | |
| | | | | | Code | ٧ | Amoun | (A) | · | Re Tra (In | ported | or Indirect (I) (Instr. 4) | (Instr. 4) | | | | | |
| Common Stock (1) 08/11/2010 | | | | Α | | 300 (1) | Α | \$ 2.2 | 26 | 7,391 | I | By children | ١. | | | | | |
| | Report on a provided in the control of the control | ctly or in | ndirectly. | | | Persinfo requi disp nun | sons whormation uired to blays a construction of the construction | res _i curr | ntaine pond ently | ed in unle: valid | the collecti this form a ss the form OMB contr | re not | EC 1474 (9-02) | | | | | |
| | 1 | (e. | g., puts, c | alls, war | rrants, o | otio | ns, conv | erti | ble se | ecuri | ties) | | ı | | | 1 | | 1 |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date | Transaction ate Aonth/Day/Year) | | eemed tion Date n/Day/Yea | n Date, T | | Code (Instr. 8) C C C C C C C C C C C C C C C C C C | | ative rities red sed | (Month/Day/Year) ve es d | | 7. Title ar Amount o Underlying Securities (Instr. 3 a 4) | of g | 8. Price of Derivative Security I (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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | Code | V | (A) | | Date Exercisable | Expiration Date | Amo or Title Num of Sha | nber | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| neporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| LaVecchia Pat C/O INFUSYSTEM HOLDINGS, INC. 31700 RESEARCH PARK DRIVE MADISON HEIGHTS, MI 48071 | Х | | | | | | |

Signatures

| /s/ Pat LaVecchia | 08/13/2010 |
|--------------------------------|------------|
| -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) Shares acquired for his children.

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.