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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
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| Estimated average burden | | | | | | |
| hours per response | 0.5 | | | | | |

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

| Name and Address of Reporting Person Lehman Gregg Owen | | | 2. Issuer Name and Ticker or Trading Symbol InfuSystem Holdings, Inc [INFU] | | | | | | 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 | | | Date of Earliest Transaction (Month/Day/Year) 05/15/2019 4. If Amendment, Date Original Filed(Month/Day/Year) Table L. Nav Positive Securities Asserting As | | | | | | | | | |) | |
| (Street) | | | | | | | | _X_ | | | | | | |
| MADISON HEIGHTS, MI 48071 (City) (State) (Zip) | | | | | | | | | | | | | | |
| 1.Title of Security 2. Transaction (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Da any (Month/Day/ | | 3. Tra Code (Instr. | ansaction 4 | 4. Securities Acq A) or Disposed Instr. 3, 4 and 5 | uired of (D) Ow Trai | d, Disposed of, or Beneficially Ov Amount of Securities Beneficially vned Following Reported ansaction(s) istr. 3 and 4) | | eneficially d | 6. 7 Ownership or Form: B Direct (D) C | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Reminder: | Report on a | separate line for each | h class of securities | beneficia | lly owned | lirectly | Persor in this | ns who respon form are not r | equired to | respond | unless the | | ned SEC 14 | 474 (9-02) |
| | | | Table II - | | | | | osed of, or Beno | | ned | | | | |
| 1. Title of | | nversion Date Exe Exercise (Month/Day/Year) eo of rivative (Month/Day/Year) | | 4. | 5. Nu | mber | 6. Date Ex | | 7. Title an | d Amount | | | | |
| Derivative Security (Instr. 3) | or Exercise Price of Derivative Security | | Execution Date, if any | Code | Secur Acqu | ities ired (A) sposed) . 3, 4, | Expiration (Month/Da | Date | of Underly Securities (Instr. 3 ar | ing | Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficia Ownersh (Instr. 4) |
| Security | or Exercise Price of Derivative | | Execution Date, if any | Code | Secur Acqu or Dis of (D (Instr | ired (A) sposed (A) | (Month/Da | Date ny/Year) Expiration | of Underly Securities | ing | Derivative Security | Derivative Securities Beneficially Owned Following Reported | Ownership Form of Derivative Security: Direct (D) or Indirect | p of Indire Beneficie Ownersh (Instr. 4) |

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 | X | | | | |

Signatures

| /s/ Jeanie Latz, Attorney-in-Fact for Gregg Lehman | 05/16/2019 |
|--|------------|
| **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 25,000 shares of InfuSystem Holdings, Inc. common stock, vests in twelve equal monthly installments beginning on June 15, 2019.

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.