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

| OMB APPRO           | JVAL      |
|---------------------|-----------|
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| 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

|  | pe Responses  | s)                                   |  |   |                   |  |                                  |  |  |   |  |                                 |   |   |   |
|--|---|--------------------------------------|--|---|-------------------|--|----------------------------------|--|--|---|--|---------------------------------|---|---|---|
| 1. Name and Address of Reporting Person * Shuda Scott                                  |   |                                      |  | 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 X_ 10% Owner |                                 |   |   |   |
| (Last) (First) (Middle)<br>C/O INFUSYSTEM HOLDINGS, INC., 31700<br>RESEARCH PARK DRIVE |   |                                      |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2019                 |                   |  |                                  |  |  |   | Officer (give  | e title below)                  | Other   | (specify below)   |   |
| (Street) MADISON HEIGHTS, MI 48071   |   |                                      |  | 4. If Amendment, Date Original Filed(Month/Day/Year)                        |                   |  |                                  |  | _X_  | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person |  |                                 |   |   |   |
| (Cit   | y)  | (State)                              | (Zip)                                      |   |                   | Ta   | ble I -                          | - Non-Deri                                   | vative Securitie   | s Acquired  | , Disposed   | of, or Bene                     | ficially Owner  | i   |   |
| 1.Title of S (Instr. 3)  | Security  |                                      | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Dee<br>Executi<br>any<br>(Month   | on Da             | te, if C   |                                  | 3) (   | A. Securities Acq<br>A) or Disposed of<br>Instr. 3, 4 and 5)                             | of (D) Own<br>Trai  |  | lecurities Being Reported       | d C<br>F<br>D<br>or<br>(I   | wnership of orm: Be irect (D) Or Indirect (In                                       | Nature<br>Indirect<br>eneficial<br>wnership<br>astr. 4) |
|  | repert on a s                                       | separate line for each               | · crass or secarrines .                    | 0011011014  |                   |  |                                  |  | •  |   |  |                                 |   |   | -   |
|  |   |                                      | Table II -                                 |   |                   |  |                                  | in this<br>display                           | s who respon<br>form are not r<br>rs a currently<br>osed of, or Beno<br>onvertible secur | equired to<br>valid OMB<br>eficially Ow   | respond<br>control r   | unless the                      |   | ed SEC 14   | 74 (9-02)   |
| 1. Title of  | Conversion  | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if           | 4.<br>Transac<br>Code   | ttion 5 S A A C ( | ls, warr<br>. Numb   | er<br>ative<br>s<br>d (A)<br>sed | in this<br>display<br>aired, Dispoptions, co | form are not rest a currently osed of, or Bendonvertible securercisable and Date         | equired to<br>valid OMB<br>eficially Ow   | control named  Amount  | unless the<br>umber.            | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s | 10.<br>Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | 11. Nature  |
| 1. Title of<br>Derivative<br>Security  | Conversion<br>or Exercise<br>Price of<br>Derivative | Date                                 | 3A. Deemed<br>Execution Date, if<br>any    | 4.<br>Transac<br>Code   | ttion 5 S A A C ( | Is, warr  Number  Derivation  Control  Control  Topon  Top | er ative s d (A) sed 4,          | in this display                              | form are not rest a currently cosed of, or Bendonvertible securerisable and Date y/Year) | equired to<br>valid OMB<br>eficially Ow<br>ities)  7. Title and<br>of Underly<br>Securities   | control named  Amount  | 8. Price of Derivative Security | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported                  | 10.<br>Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | 11. Nature of Indirect Beneficial Ownership             |

## **Reporting Owners**

|  | Relationships |              |         |       |  |
|--|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer | Other |  |
| Shuda Scott<br>C/O INFUSYSTEM HOLDINGS, INC.<br>31700 RESEARCH PARK DRIVE<br>MADISON HEIGHTS, MI 48071 | X             | X            |         |       |  |

## **Signatures**

| /s/ Scott Shuda               | 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 35,000 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.