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

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours nor reenense:	0.5							

	tion 1(b).			File					) of the Secu				934		liouis	per re	sponse.	0.5
					or	Secti	on 30(h) d	of the	Investment (	Com	pany Act	of 1940						
1. Name and Address of Reporting Person*  LaPorte Fritz L					2. Issuer Name and Ticker or Trading Symbol Venus Concept Inc. [ VERO ]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Lar one The L					-			_						X Director 10% Owner				
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/24/2023							Office below	r (give title )		Other (s below)	specify	
C/O MAKO SURGICAL CORP.					4 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						6.1	6. Individual or Joint/Group Filing (Check Applicable					
2555 DAVIE ROAD				and an engineer new (Montanbay) real)							Line)							
					.									X Form	filed by One	e Repo	orting Perso	n
(Street) FORT														Form Perso		re thar	n One Repo	ting
LAUDE	RDALE FI		33317		Rı	ule	10b5-	1(c)	Transa	ctic	on Ind	ication						
(City)	(S	tate)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							l to						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date			Code (Instr. 5)			ed (A) or tr. 3, 4 and	Benefic Owned	s Formally (D) (of the collowing (I) (I)		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	,	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		ate, 1		ransaction of ode (Instr. Derivative		ve es d ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares					
Employee Stock Option (Right to Buy)	\$0.188	03/24/2023			Α		75,000		(1)	03	3/24/2033	Common Stock	75,000	\$0	75,00	00	D	

## **Explanation of Responses:**

1. The options vest with respect to 1/16th of the underlying Common Stock on each quarterly anniversary of the date of grant, subject to continued service through each applicable vesting date.

/s/ Michael Mandarello,

03/28/2023 Attorney-in-Fact for Fritz L.

**LaPorte** 

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.