## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20540
vvasiliigion,	D.C.	20049

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average	burden						
hours per response	: 0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

						( )			,								
1. Name and Address of Reporting Person* <u>HealthQuest Partners II, L.P.</u>					2. Issuer Name and Ticker or Trading Symbol Venus Concept Inc. [ VERO ]						Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner						
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/18/2022								Officer (g	give title		Other (s below)	specify
1301 SHOREWAY ROAD, SUITE 350				4	If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind	ividual or Jo	int/Group	Filing (	Check App	licable
(Street) BELMONT CA 94002				2							Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)														
			able I - Non-De					<del>-</del>	<del>-</del>				1				
1. Title of Security (Instr. 3)  2. Transidate (Month/I			е	2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Di Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			5. Amount Securities Beneficial Owned Fo Reported	es For ally (D) Following (I) (		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	/ Amoui	nt (A)	(A) or (D)		Transactio	on(s)			1130.4)	
			Table II - Der					uired, Dis					wned		,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr.		5. Number of 6. Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)		unt of lying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou Numb Share	er of		Transact (Instr. 4)			
Voting Convertible Preferred Stock	\$0 <sup>(1)</sup>	11/18/2022		P		335,000		11/18/2022	(1)	Common Stock	3,35	0,000	\$2	335,0	000	D <sup>(2)</sup>	
		Reporting Person* tners II, L.P.	,						•	•							
	ALTHQUES	(First) ST ROAD, SUITE 3	(Middle)														
(Street) BELMO	NT	CA	94002														
(City)		(State)	(Zip)														
		Reporting Person*	ment II, L.L.C	<u>C.</u>													
	ALTHQUES		(Middle)														
1301 SHO	OREWAY I	ROAD, SUITE 3	550														
(Street)	NT	CA	94002														
(City)		(State)	(Zip)														

## **Explanation of Responses:**

- 1. The Voting Preferred Stock will convert into shares of Common Stock on a one for ten basis (i) at the option the holder or (ii) at the option of the Company within 30 days following the occurrence of certain events. The Voting Preferred Stock votes with the Common Stock on an as-converted basis. The Voting Preferred Stock does not expire.
- 2. The shares are directly held by HealthQuest Partners II, L.P. ("HealthQuest"). HealthQuest Venture Management II, L.L.C. ("HQVM II"), the general partner of HealthQuest, and Garheng Kong, the managing member of HQVM II, may be deemed to have sole voting and dispositive power with respect to the shares held of record by HealthQuest. Mr. Kong and HQVM II disclaim beneficial ownership over all shares owned by HealthQuest except to the extent of any pecuniary interest therein.

/s/ Garheng Kong as Managing Member of HealthQuest Venture Management II, L.L.C., general 11/22/2022 partner of HealthQuest Partners II, L.P /s/ Garheng Kong as Managing Member of HealthQuest Venture 11/22/2022 Management II, L.L.C.

\*\* 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.