| SEC For | m 4 | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|---|--|-------------|--|----------------|--------------------|---|-------------------------------------|---|--|--|--|---|--|
| | FORM | 4 | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | OMB APPROVAL | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | ANT OF CHANGES IN BENEFICIAL OWNER ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | HIP | Estim | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| 1. Name and Address of Reporting Person [*] Della Penna Domenic | | | | | 2. Issuer Name and Ticker or Trading Symbol Venus Concept Inc. [VERO] | | | | | | | | eck all applic Director | able) r | 10% Owne | | | |
| (Last) C/O VEI | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/30/2020 | | | | | | | | X Officer (give title Other (specit below) below) Chief Financial Officer | | | | | | | |
| 235 YORKLAND BLVD., SUITE 900 | | | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | το Α | 6 | M2J 4Y8 | | | | | | | | | Line | X Form fi Form fi | Form filed by One Reporting Pe Form filed by More than One Re Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Non | -Deriva | tive S | ecuritie | s Ac | quired, I | Disp | osed c | of, or Be | neficially | y Owned | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Instr. | | | | | Beneficia Owned F | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) o (D) | ^r Price | Reported Transacti (Instr. 3 a | on(s) | | | (Instr. 4) | |
| | | | Table II - D | Derivativ e.g., pu | ve Seo ts, ca | curities IIs, warr | Acq ants | uired, Di s, options | ispo: s, co | sed of, onverti | , or Ben ble secu | eficially urities) | Owned | | | ! | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Cod | saction e (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | le and of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | derivativ Securitie Beneficia Owned Followin Reported | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Cod | e V | (A) | (D) | Date Exercisable | | piration ate | Title | Amount or Number of Shares | | (Instr. 4) | | | | |
| Employee Stock Options (Right to Buy) | \$3.64 | 03/30/2020 | | A | | 150,000 | | (1) | 03/ | 3/30/2030 | Common Stock | 150,000 | \$0 | 150,0 | 000 | 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.

Remarks:

<u>/s/ Domenic Di Sisto, as</u> <u>attorney-in-fact</u>

** Signature of Reporting Person Date

04/01/2020

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

 \ast 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.