FORM 4

1. Name and Address of Reporting Person * Madryn Health Advisors, LP

330 MADISON AVENUE - FLOOR 33

(First)

(Middle)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

footnotes(3)(4)

footnotes⁽³⁾⁽⁴⁾

See footnotes⁽³⁾⁽⁴⁾

Section 1	is box if no lon L6. Form 4 or F tinue. See Instr	orm 5 obligations				Filed pursu	ant to Se	ection 16(a)	of the	e Securities E	Exchange Act	of 1934			Estimated a	average burde esponse:	n		
Name and Address of Reporting Person* 2. Issuer							or Section 30(h) of the Investment Company Act of 1940 ssuer Name and Ticker or Trading Symbol enus Concept Inc. [VERO]							Relationship of Reporting Person(s) to Issuer (Check all applicable) To the control of					
							Date of Earliest Transaction (Month/Day/Year) /04/2023							Director X 10% Owner Officer (give title below) below) Other (specify below)					
330 MADISON AVENUE - ELOOP 33							If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street) NEW YORK NY 10017							X Form filed by More than One Reporting Person										erson		
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, in							or writton plan th	at is intended	to catisfy the	offirms	ati o			
						defen	se condit	ions of Rule 1	10b5-1	1(c). See Instru	uction 10.				at is interided	to sausiy trie i	allillia	mve	
1. Title of Se	ecurity (Instr.	3)	Table 1 -			nsaction	2A. D	eemed ution Date,	3.		. Securities A	cquired (A)		5. Amount of Securities	6. Fo	Ownership rm: Direct (D)		. Natu	
					h/Day/Year) if any		Cot 8)	de (Instr.	Of (D) (Instr. 3, 4 and 5)			Beneficially O Following Rep Transaction(s)	wned or orted (In	Indirect (I) str. 4)	B	Benefic Owners (Instr. 4		
			T-1-1-					•	Cod		Amount	(A) or (D)	Price	3 and 4)				_	
				(Deri (e.g.	, puts, c	alls, w	varrants,	opt	l, Dispose ions, con	vertible s	ecurities	5)					_	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		sactio e (Insti	n Securit	ies Acqu	of Derivative Acquired (A) or of (D) (Instr. 3, 4 and		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned	Owners Form: Direct (or Indir	ship (D) rect	Bene Own t (Inst	
	Security			Code	e v	(A)		(D)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction (Instr. 4)	n(s)	r. 4)		
Secured Subordinated Convertible Notes	\$24 ⁽¹⁾	10/04/2023		P		\$22,791	1,748.32			10/04/2023	12/09/2025	Common Stock	949,657 ⁽¹	(2)	\$22,791,74	8.32 I		See footn	
Secured Subordinated Convertible Notes	\$48.75 ⁽⁵⁾	10/04/2023		D				\$26,695,11	0.58	12/09/2020	12/09/2025	Common Stock	547,593	(2)	\$0.00	I		See footn	
Series X Convertible Preferred Stock	(6)	10/04/2023		P		248	,755			10/04/2023	(7)	Common Stock	2,487,550	(6) (2)	248,755 ⁽³	5) I		See	
		Reporting Person*	. Р	•	<u>'</u>	•		•			•		•	'					
(Last)	715500 1410	(First)	(Middle	2)															
	ISON AVE	NUE - FLOOR		-,															
(Street) NEW YOL	RK	NY	10017	7															
(City)		(State)	(Zip)																
		Reporting Person* <u>artners, LP</u>																	
(Last) 330 MAD	ISON AVE	(First) NUE - FLOOR	(Middle)															
(Street) NEW YOL	RK	NY	10017	7															
(City)		(State)	(Zip)																
		Reporting Person* <u>artners (Cayn</u>	nan Master), I	<u>_P</u>															
(Last) 330 MAD	ISON AVE	(First) NUE - FLOOR	(Middle	e)															
(Street) NEW YOU	RK	NY	10017	7															
(City)		(State)	(7in)																

(Street) NEW YORK	NY	10017	10017			
(City)	(State)	(Zip)				

Explanation of Responses:

- 1. The New Notes (as defined below) are convertible at any time into shares of Common Stock at a conversion rate of 41.6666667 shares of Common Stock for each \$1,000 principal amount of New Notes.
- 2. The reported transactions involved an exchange of existing secured subordinated convertible notes in the aggregate principal amount of \$26,695,110.58 (the "Existing Notes") for (i) new secured subordinated convertible notes in the aggregate principal amount of \$22,791,748.32 (the "New Notes") and (ii) 248,755 shares of Series X Convertible Preferred Stock.
- 3. Represents securities held directly by Madryn Health Partners, LP ("Health Partners, LP") and Madryn Health Partners, LP ("Cayman Master LP" and together with Health Partners LP, the "Funds"). Madryn Asset Management, LP, as investment advisor for each of the Funds, and Madryn Health Advisors, LP, as general partner of each of the Funds, may be deemed to be beneficial owners of the shares held directly by the Funds.
- 4. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein, except to the extent of such Reporting Person's pecuniary interest therein.
- 5. The Existing Notes were convertible at a rate of 20.5128205 shares of Common Stock for each \$1,000 principal amount of Existing Notes, after giving effect to a reverse stock split implemented by the Company on May 11, 2023 based on a one-for-fifteen consolidation ratio.
- 6. Each share of Series X Convertible Preferred Stock is convertible into ten shares of Common Stock at any time at the option of the holder.
- 7. The Series X Convertible Preferred Stock is perpetual and therefore has no expiration date.

/s/ Madryn Asset Management, LP,

by John Ricciardi, Authorized 10/06/2023

Signatory

/s/ Madryn Health Partners, LP, by

John Ricciardi, Authorized 10/06/2023

Signatory

/s/ Madryn Health Partners (Cayman

Master), LP, by John Ricciardi, 10/06/2023

<u>Authorized Signatory</u>

/s/ Madryn Health Advisors, LP, by

John Ricciardi, Authorized 10/06/2023

<u>Signatory</u>

** Signature of Reporting Person Date

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

- * 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.