(City)

Boyd Steven

(State)

(First)

1. Name and Address of Reporting Person*

C/O ARMISTICE CAPITAL, LLC

(Zip)

(Middle)

FORM 4

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

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

obligat Instruc	tions may co	ontinu	ie. See		Filed							rities Exchang		f 1934			hou	ırs per r	esponse:	0.5	
1. Name and Address of Reporting Person* ARMISTICE CAPITAL, LLC				2. Iss	Issuer Name and Ticker or Trading Symbol ReShape Lifesciences Inc. [RSLS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner								
(Last) (First) (Middle) 510 MADISON AVENUE, 7TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 11/10/2020							Officer (give title Other (specify below) below)									
(Street) NEW YORK NY 10022				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting									
(City)		(Stat	e) (Z	Zip)										Person							
			Table	I - No	on-Deriva	tive S	Secu	ırities	Ac	quire	d, Di	sposed of	, or E	Benefi	icial	ly Own	ed				
1. Title of	Security (nstr.	. 3)		2. Transaction Date (Month/Day/	Year)	Execu	eemed ution Da th/Day/\	•	3. Transa Code (8)		4. Securities Disposed Of 5)				5. Amount Securities Beneficial Owned F Reported	s ally following	Form	nership : Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount	(A) or (D)	Price	•	Transact (Instr. 3 a					
Common	Stock				11/10/20	20				P		2,400	A	\$3.5	58 ⁽²⁾	5,322	2,900	I	O ⁽¹⁾		
Common	Stock				11/10/20)20				P		0	A	\$	0	5,322	2,900		I	See Footnote ⁽¹	1)
			Tal	ole II								posed of, convertib				/ Owne	d				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execuses (Month/Day/Year) if any				nsaction de (Instr. Securi Acquir (A) or Dispos of (D) (Instr. and 5)		rative irities iired r osed) r. 3, 4	Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			Derivative Security	9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e Owners s Form: ally Direct or India g (I) (Inst		Benefici Owners ct (Instr. 4)	ect ial hip		
						Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares	er						
			Reporting Person* PITAL, LLC	7																	
(Last) 510 MA	DISON A	-	First)		Middle)																
(Street) NEW YO	ORK	N	ΙΥ	10	0022																
(City)		(5	State)	(Z	ip)																
			Reporting Person* Master Fun	d Lte	<u>d.</u>																
		ORA	First) ATE SERVICE E, P.O. BOX 31	S LTI	Middle)																
(Street) GRAND CAYMA		E	9	K	Y1-1104		_														

510 MADISON AVENUE, 7TH FLOOR						
(Street) NEW YORK	NY	10022				
(City)	(State)	(Zip)				

Explanation of Responses:

1. The reported securities are directly owned by Armistice Capital Master Fund Ltd., a Cayman Islands exempted company (the "Master Fund"), and may be deemed to be indirectly beneficially owned by: (i) Armistice Capital, LLC ("Armistice Capital, LTC ("Armistice Capital, Armistice Capital and Steven Boyd disclaim beneficial ownership of the reported securities except to the extent of their respective pecuniary interests therein, and this report shall not be deemed an admission that either of them are the beneficial owners of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

2. This constitutes the weighted average purchase price. The prices range from \$3.54 to \$3.78. The Reporting Persons will provide upon request by the Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares purchased at each separate price

Armistice Capital, LLC By: /s/

Steven Boyd, Managing 11/12/2020

Member

Armistice Capital Master

Fund Ltd. By: /s/ Steven 11/12/2020

Boyd, Director

<u>/s/ Steven Boyd</u> <u>11/12/2020</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.