FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, | D.C. | 20549 | |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* MINOCHERHOMJEE ARDA PHD | | | | 2. Issuer Name and Ticker or Trading Symbol ReShape Lifesciences Inc. [RSLS] | | | | | | | (Ch | eck all app X Direc | ionship of Reportin all applicable) Director | | 10% Ov | wner | | | |
|---|--|---------|-----------------|--|---|-------|---------------------|--|------------------|---|---|------------------------|---|--|---------------------------|--|--|------------|----|
| (Last) (First) (Middle) 1001 CALLE AMANECER | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/22/2021 | | | | | | | | | Officer (give title below) | | Other (s | specify | | |
| (Street) SAN CLEME | NTE CA | A 9 | 2673 | | 4. If A | Amend | ment, | Date o | f Origina | al File | d (Month/Da | y/Year | r) | Line | e) <mark>X</mark> Form | r Joint/Grou filed by One filed by Mo on | e Repor | ting Perso | on |
| (City) | (Sta | ate) (ž | Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | Securi Benefi | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | Code | v | Amount | (A (D | () or () | Price | Transa | saction(s) : 3 and 4) | | | (111301.4) | |
| Common Stock, \$0.001 par value per share | | | 07/22/2 | /2021 | | | | A | | 253,429 | 1) | A | \$0 | 25 | 53,429 | |) | | |
| | 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) | Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | on Date, | Code (8) | ransaction of ode (Instr. Derivative | | Expirati (Month/ | Date Exercisable and Expiration Date Month/Day/Year) Expiration Exercisable Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amour or Numbe of | | str. | B. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | |). wnership orm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. These shares will vest and be issued with respect to 241,961 shares on each of July 22, 2021 and July 22, 2022 pursuant to a restricted stock unit granted under the ReShape Lifesciences Inc. Second Amended and Restated 2003 Stock Incentive Plan.

Ph.D.

/s/Arda M. Minocherhomjee, 09/17/2021

** 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.