FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] STANKOVICH THOMAS			2. Issuer Name and Ticker or Trading Symbol <u>ReShape Lifesciences Inc.</u> [RSLS]		5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Owne					
(Last) 1001 CALLE A	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023	x	Officer (give title below) Chief Financial	Other (specify below)				
,			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fili	ng (Check Applicable				
(Street) SAN CLEMENTE	СА	92673		X	Form filed by One Re Form filed by More the Person					
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication							
			Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See	to a cont Instructio	ract, instruction or written p on 10.	lan that is intended to				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

······································										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V		Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock, \$0.001 par value per share	03/31/2023		S ⁽¹⁾		109	D	\$2.6	5,982	D	
Common Stock, \$0.001 par value per share	04/30/2023		S ⁽¹⁾		96	D	\$2.36	5,886	D	
Common Stock, \$0.001 par value per share	05/31/2023		S ⁽¹⁾		98	D	\$2.41	5,788	D	
Common Stock, \$0.001 par value per share	06/30/2023		Р		17,702	A	\$1.52 ⁽²⁾	23,490	D	

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Secu Acqu (A) o Dispo of (D)	(Month/Day/Year) ivative uurities uurities or posed D) tr 3, 4		ate	d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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	Amount or Number of Shares				

Explanation of Responses:

1. On July 22, 2021, Mr. Stankovich was awarded an aggregate of 7,455 restricted stock units, all of which, including the unvested portion, were reported on a Form 4 filed on September 17, 2021. The shares reported under this Form 4 as being disposed of were sold to cover taxes in connection with the vesting of a portion of those previously reported restricted stock units.

2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.45 to \$1.54, inclusive. The reporting person undertakes to provide to ReShape Lifesciences Inc., any security holder of ReShape Lifesciences Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote (2) to this Form 4.

/s/ Thomas Star	nkovich

** 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.

OMB APPROVAL
OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

07/06/2023