FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Orchestra BioMed Holdings, Inc.		2. Date of Event Requiring Statement (Month/Day/Year) 09/12/2023	3. Issuer Name and Ticker or Trading Symbol Motus GI Holdings, Inc. [MOTS]						
(Last) (First) (Middle) 150 UNION SQUARE DRIVE			Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)		
			-	Officer (give title below)	X	10% Owner Other (specify below)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) NEW HOPE	PA	18938							filed by More than One Reporting
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Beneficially Owned

, ,	Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	l '
Common Stock	804,096	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion or Exercise (D) or	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Indirect (I) Derivative (Instr. 5) Security		

Explanation of Responses:

/s/ David P. Hochman, Chief <u>Executive Officer</u> 09/22/2023

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).