FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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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(b).

STATEMENT OF CHANGES IN 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

(Print or Type	Responses)																
1. Name and Address of Reporting Person – Ascent Biomedical Ventures II, L.P.				Issuer Name and Ticker or Trading Symbol Motus GI Holdings, Inc. [MOTS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
		(First) DINGS, INC., 13 /ARD, 3RD FLO		3. Date of 02/16/2			nsaction (M	onth/	Day/Yea	r)			cer (give title	below)		specify below)	
(Street) FT. LAUDERDALE, FL 33301				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	EKDALE,	(State)	(Zip)				Table I N	on D	owlerativa	Committee	A oani	inad Dia	nosad of	ou Donofiai	ally Owned		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea					Date, if	3. Transacti				ed D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			ficially 6	Ownership Form:	Beneficial	
				(Month/Day/Yea		ay/Year)	Code	v	Amoun	(A) or (D)	Price	(Instr. 3	Instr. 3 and 4)		(Oirect (D) Ownership r Indirect (Instr. 4) I) Instr. 4)	
Common St share	ock, par va	lue \$0.0001 per	02/16/2018				C		144,35	2 A	\$ 0	1,591,4	181		I)	
			Table II				es Acquired	urre I, Dis	ntly vali	id OMB co , or Benefici	ntrol	numbe		s the form	displays a		
		1		(e.g., p	uts,					ole securitie						_	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)		Transaction Derivat Code Securiti (Instr. 8) (A) or I (D)		Securitie (A) or D (D)	/e	6. Date Exercisable and Expiration Date (Month/Day/Year)		of Sec	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownershi Form of Derivativ Security: Direct (D	(Instr. 4)	
				Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Tit		Amount or Number of Shares		Reported Transaction((Instr. 4)	or Indire (I) (Instr. 4)	et
Series A Convertible Preferred Stock	\$ 0	02/16/2018		С			144,352		<u>(I)</u>	(1)		ommon Stock	144,352	\$ 0	0	D	
Warrant (right to buy)	\$ 5	02/16/2018		J(2)		159,149)	08/1	5/2018	02/16/202	3	ommon Stock	159,149	\$ 0	159,149	D	

Reporting Owners

Providence of Alliana	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Ascent Biomedical Ventures II, L.P. C/O MOTUS GI HOLDINGS, INC. 1301 EAST BROWARD BOULEVARD, 3RD FLOOR FT. LAUDERDALE, FL 33301		X				

Signatures

/s/ Andrew Taylor	02/21/2018
Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- Each share of Series A Convertible Preferred Stock is immediately convertible, at the option of the Reporting Person, into one share of common stock, par value \$0.0001 per share (the "Common (1) Stock"), of Motus GI Holdings, Inc. ("Motus"), and shall convert into Common Stock upon the occurrence of certain events. Please see the Motus Registration Statement filed with the Securities and Exchange Commission on Form S-1 (File No. 333-222441) (the "Registration Statement") for a complete description of the conversion rights.
- (2) The securities were acquired as consideration for entering into one or more agreements in connection with Company's initial public offering. Please see the Registration Statement for a complete description of the warrant terms and such agreements.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.