FORM 4

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

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

OMB APPROVAL
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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 Typ	e Responses)																
1. Name and Address of Reporting Person *- SCHEDER-BIESCHIN MAX					2. Issuer Name and Ticker or Trading Symbol EKSO BIONICS HOLDINGS, INC. [EKSO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O EKSO BIONICS HOLDINGS, INC., 1414 HARBOUR WAY SOUTH, SUITE 1201					3. Date of Earliest Transaction (Month/Day/Year) 04/20/2017								X Officer (give title below) Other (specify below) Chief Financial Officer					
(Street) RICHMOND, CA 94804					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) (State) (Zip)					Table I - Non-Derivative Securities Acqui								Disposed	of, or Ben	eficially Own	ed		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/			Execution Date, if C			(A) (Ins	Securities Acqui A) or Disposed of onstr. 3, 4 and 5) (A) or mount (D) I		(D) Owner Trans				Ownership Form:	Beneficial Ownership		
Reminder: R	Report on a so	eparate line for each		e II - D	erivativ	e Secu	rities A	cqu	Persons containe	who resp d in this f plays a cu	orm irren enefic	are not rently valid	equired OMB co	of inform to respor ontrol num	nd unless th		474 (9-02)	
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, any (Month/Day/Yea		4. Transac Code	5. Numb	oer ve es d	6. Date Exe Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and	, ;		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownershi Form of Derivativ Security: Direct (D or Indirect) (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	1	Γitle	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$ 2.85	04/20/2017			A	4	50,000		(1)	04/20/20	27	Common Stock	50,000	\$ 0	50,000	D		
Restricted Stock Units	(2)	04/20/2017			A	3	37,000		(3)	(3)	(Common Stock	37,000	\$ 0	37,000	D		
Report	ting O	wners																
Reporting Owner Name / Address					1007	_	Relati		nips	Other								
SCHEDER-BIESCHIN MAX C/O EKSO BIONICS HOLDINGS, INC. 1414 HARBOUR WAY SOUTH, SUITE 1201 RICHMOND, CA 94804				Direct	or 10%	Owne			Financial O		ner							

**Signature of Reporting Person

Erin M. Anderman, as Attorney-in-Fact

Explanation of Responses:

Signatures

- * 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).

04/24/2017

Date

- (1) The option becomes exercisable as to 25% of the total number of shares on the one year anniversary of the date of grant and thereafter vests in equal monthly installments for 36 months.
- (2) Each restricted stock unit represents a contingent right to receive one share of Ekso Bionics Holdings, Inc. common stock.
 - The restricted stock units vest in four equal annual installments beginning on the one year anniversary of the date of grant. Upon vesting, the reporting person will receive a number

(3) of shares of common stock equal to the number of restricted stock units that have vested.

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.