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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Washington, D.C. 20549

OMB APPRO	VAL
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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 Ty	Per and person													
Name and Address of Reporting Person * Stern Stanley			Issuer Name and Ticker or Trading Symbol EKSO BIONICS HOLDINGS, INC. [EKSO] Date of Earliest Transaction (Month/Day/Year) 07/05/2017						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director					
(Last) (First) (Middle) C/O EKSO BIONICS HOLDINGS, INC., 1414 HARBOUR WAY SOUTH, SUITE 1201													v)	
(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 sired, Disposed of, or Beneficially Owned				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui					s Acquir					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 3	(A (In	4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) (A) or Amount (D) Pri		Amount of Owned Follov Fransaction(s) Instr. 3 and 4	ving Report	ed	Ownership Form:	Beneficial Ownership	
Reminder:	Report on a	separate fine for ea						s who respor ed in this for						474 (9-02)
Reminder:	Report on a	separate fine for ea	Table II - I				contain form dis	s who respored in this for splays a curresed of, or Benevertible securions.	rm are n rently va eficially (not required alid OMB co	l to respo	nd unless t		474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - I (3A. Deemed Execution Date, if	4. Transact	5. Nuion of Deriving Security (A) of Disposition (D)	rrants, imber vative rities nired or osed of	contain form di nired, Dispo options, con	ed in this for splays a curr sed of, or Benovertible secur ercisable and Date	rm are n rently va eficially (oot required alid OMB of Owned and tof ying ies	to respo ontrol nur 8. Price of	nd unless t	of 10. Ownersh Form of Derivativ Security: Direct (C or Indirec	11. Naturi of Indired Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - I (3A. Deemed Execution Date, if	4. Transact	ion of Deriving Security (A) of Disport (D) (Institution of Security Acquired (D) (Institution of Security A	rrants, imber vative rities aired or osed of r. 3, 4, 5)	contain form distanced, Dispo options, con 6. Date Exe Expiration	ed in this for splays a curr sed of, or Bennvertible secure ercisable and Date y/Year)	rm are n rently va eficially (rities) 7. Title : Amount Underly Securities	oot required alid OMB of Owned and tof ying ies	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownersh Form of Derivativ Security: Direct (E or Indirect (s) (I)	11. Naturi of Indired Beneficia Ownersh (Instr. 4)

Reporting Owners

Reporting Owner Name / Address	Relationships					
reporting 6 wher reduces	Director	10% Owner	Officer	Other		
Stern Stanley C/O EKSO BIONICS HOLDINGS, INC. 1414 HARBOUR WAY SOUTH, SUITE 1201 RICHMOND, CA 94804	X					

Signatures

Erin M. Anderman, as Attorney-in-Fact	07/07/2017
**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).
- (1) The option vests and becomes exercisable in 12 equal monthly installments beginning on the one-month anniversary of the date of grant.

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.