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 OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### 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 Respons	.es)											
1. Name and Address SHERMAN STEV	2. Issuer Name <b>an</b> EKSO BIONICS			0.5		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X. Director 10% Owner						
(Last) C/O EKSO BIONI HARBOUR WAY	S, INC., 1414	3. Date of Earliest Transaction (Month/Day/Year) 07/05/2017							ther (specify belo	ow)		
(Street)			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			
RICHMOND, CA 94804												
(City)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security		2. Transaction	2A. Deemed 3. Transaction 4. Securities Acquired					5. Amount of Securities Beneficially	6.	7. Nature		
(Instr. 3)		Date	Execution Date, if	Code		(A) or Disposed of (D)		of (D)	Owned Following Reported	Ownership	of Indirect	
		(Month/Day/Year)	any (Instr. 8) (Instr. 3, 4 and 5)				Transaction(s)	Form:	Beneficial			
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership	
							1			or Indirect	(Instr. 4)	
				~ .			(A) or			(I)		
				Code	V	Amount	(D)	Price		(Instr. 4)		

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number 6. Date Exer		rcisable and	nd 7. Title and		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code		Derivative (Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securitie	urities		N		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquired	d			(Instr. 3 and 4)				2	(Instr. 4)
	Security					(A) or							Direct (D)		
						Disposed	d of						1	or Indirect	
						(D) (In star 2	4						Transaction(s)		
						(Instr. 3, and 5)	4,				(Instr. 4)	(Instr. 4)			
						and 5)	-								
											Amount				
								Date	Expiration		or North an				
								Exercisable	Date		Number of				
				Code	v	(A)	(D)				Shares				
a. 1				Code	•	(11)	(D)				Shares				
Stock										-					
Option	\$ 2.27	07/05/2017		А		25,000		<u>(1)</u>	07/05/2027	Common Stock	25 000	\$ 0	25,000	D	
(right to	¢ 2.27	07/02/2017				,000			0110212021	Stock	,000	ΨŪ	20,000	2	
buy)															

# **Reporting Owners**

Reporting Owner Name / Addres	Relationships							
	Director	10% Owner	Officer	Other				
SHERMAN STEVEN C/O EKSO BIONICS HOLDINGS, IN 1414 HARBOUR WAY SOUTH, SUI RICHMOND, CA 94804	Х							

### 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. 78 ff(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.