## 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

## SSION

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

OMB APPROVAL

#### 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	)															
Name and Address of Reporting Person   Davault Gregory									or Trading S DINGS, INC	-	5.	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								Vice Pres		r (specify below)		
(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	e <b>I -</b> 1	Non-Derivat	ive Securities	Acquire	d. Disposed	of, or Ben	eficially Own	ed		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				Exe ar) any	2A. Deemed Execution Date any (Month/Day/Yo			Trans	(A) (Ins	Securities Acquired (a) or Disposed of (D) (b) astr. 3, 4 and 5)		5. Amount of Securities Beneficial Owned Following Reported Transaction(s) (Instr. 3 and 4)					
Reminder: F	Report on a se	eparate line for eac		- Deri	ivative	Seci	ırities A	requi	Persons containe form dis	who respond in this for plays a curre	m are no ently val	t required id OMB co	to respon	nd unless th		74 (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/Yo	e, if T	4. Transaction Code		5. Number		options, convertible securion.  6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$ 2.85	04/20/2017			A		12,500		<u>(1)</u>	04/20/2027	Commo	112 500	\$ 0	12,500	D		
Restricted Stock Units	(2)	04/20/2017			A		11,250		<u>(3)</u>	<u>(3)</u>	Commo	-111.250	\$ 0	11,250	D		
Repor	ting O	wners															
Re	eporting Ow	ner Name / Addro	ess Dir	rector	10%	Own			onships		Other						
Davault Gregory C/O EKSO BIONICS HOLDINGS, INC. 1414 HARBOUR WAY SOUTH, SUITE 1201 RICHMOND, CA 94804					Vice Pres., Global Marketing												
Signat	ures																
	nderman,	as Attorney-in-F	act		4/2017 ate	7											

#### **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 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.