FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF 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

1. Name and A	•	porting Person*	Requiring (Month/Da	2. Date of Event Requiring Statement (Month/Day/Year) 05/20/2020  3. Issuer Name and Ticker or Trading Symbol CHF Solutions, Inc. [ CHFS ]							
(Last) (First) (Middle) 12988 VALLEY VIEW ROAD					4. Relationship of Reporting Issuer (Check all applicable)	, (,	Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) EDEN PRAIRIE (City)	MN (State)	55344 (Zip)	_		Director  X Officer (give title below)  Chief Legal/Compli	Other (below)	specify 6. Ir	ndividual or Joint/Group Filing neck Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
		т	ahle I - Noi	n-Derivati	I ive Securities Benefic	rially O	wned	<u> </u>			
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: D			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)				5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	5)	
			Exercisable	Date	Title	Silaics					

## **Explanation of Responses:**

1. The options will vest as follows: 25% of the options will vest on the one-year anniversary of the date of grant; the remaining options will vest in 36 equal consecutive monthly increments thereafter, such that all of the options will be vested on the four-year anniversary of the date of grant.

Thomas Lynch

08/10/2020

\*\* Signature of Reporting Person

Date

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

- \* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- $^{\star\star} \ Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78 \ ff(a).$

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

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