FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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 Address of Reporting Person* Salveson Jon W (Last) (First) (Middle) 800 NICOLLET MALL (Street) MINNEAPOLIS MN 55402						Susuer Name and Ticker or Trading Symbol CHF Solutions, Inc. [CHFS] Date of Earliest Transaction (Month/Day/Year) O6/02/2017 4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting				
(City) (State) (Zip)														rson		3.10 1.000	9	
1. Title of Security (Instr. 3)				2. Transa Date (Month/D	action ay/Yea	Execution Date,		3. Transac Code (li 8)	ction nstr.	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		red (A) or str. 3, 4 a	5. Ai Secu Bend Own Repo Tran (Inst	5. Amount of		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
(e.g., policy labeled and labe				ransaction of Excode (Instr. Derivative (N									8. Price Derivati Security (Instr. 5	of 9. Numb derivativ	es ally g d	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amoun or Numbe of Shares					
Non- Qualified Stock Option (right to buy)	\$0.57	06/02/2017			A		8,000		(1)	06	5/01/2027	Common Stock	8,000	\$0	8,00	00	D	

Explanation of Responses:

1. Vests in 12 approximately equal consecutive monthly increments, commencing on the one-month anniversary of the date of grant, so that all of the options will be vested on the one-year anniversary of the date of grant.

> Gayle C. Aiken, by Power of <u>Attorney</u>

06/06/2017

** 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 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).

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.