FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C. 20549	

washington, D.C. 20349	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0		

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

											<u> </u>								
Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol CHF Solutions, Inc. [CHFS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Breidenstein Jim				CITE SOLUTORS, IIIC. [CHES]								Directo	r		10% Ow	ner			
(1 +)	/ F	:A	(Mai: al all a)		Date of Earliest Transaction (Month/Day/Year)								Officer below)	(give title		Other (s below)	pecify		
(Last)	,	irst)	(Middle)		06/02/2017								Chi	ef Comm	ercia	l Officer			
12988 VALLEY VIEW ROAD																			
:							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)														ine)					
EDEN PRAIRIE MN 55344												Form filed by One Reporting Person							
														Form filed by More than One Reporting				ing	
(City)	(S	tate)	(Zip)											Person					
	`	•																	
		Та	ble I - Non	-Deriva	tive	e Se	curities	s Ac	quired, I	Disp	osed o	of, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transa			2. Transa				3.					5. Amour				7. Nature of			
Date (Month/Da					Day/Year) Execution Date, if any (Month/Day/Year)			Code (Instr.			str. 3, 4 and		eneficially (D) or wned Following (I) (In			ndirect Beneficial			
(str. 4) O	Ownership			
						Code	v	Amount	(A) o	r Price	Transacti	on(s)			(Instr. 4)				
						Couc		(D)		1 1100	(Instr. 3 a	nd 4)							
			Table II - I	Derivat	ive S	Sec	urities	Acq	uired, Di	spc	sed of,	or Ben	eficially	Owned					
			(e.g., pı	ıts, c	call	ls, warr	ants	, option	s, c	onverti	ble secu	ırities)						
1. Title of	2.	3. Transaction	3A. Deemed	4.	l.		5. Number of		6. Date Exercisabl		ble and	and 7. Title and Amo		8. Price of	9. Number of	r of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da	ransaction code (Instr.				Expiration Date of Securities (Month/Day/Year) Underlying				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial			
(Instr. 3) Price of (Month/Day/Year) 8)			ie (iiis	ou.	Acquired (A)		Derivative Secui				Security	(Instr. 5)	Beneficial		Direct (D) O	Ownership			
	Derivative Security				or Disposed of (D) (Instr.			(Instr. 3 and 4)				nd 4)		Owned Following	.	or Indirect (Inst (I) (Instr. 4)	(Instr. 4)		
					3, 4 and 5)								Reported Transaction		(7 (
										Т			Amount	1	(Instr. 4)	UII(S)			
								ll	Date	E	xpiration		or Number						
				Cod	de V	/	(A)	(D)	Exercisable		ate	Title	of Shares						
Non-										Τ									
qualified Stock				Ι.				ll	445	١.		Common		l			_		
Option	\$0.57	06/02/2017		A	1		339,145		(1)	00	6/01/2027	Stock	339,145	\$0	339,14	15	D		
(right to buy)																			

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, so that all of the options will be vested on the four-year anniversary of the date of grant.

> Stephanie Swan, 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.