

InfuSystem Holdings, Inc  
 Form 3  
 November 13, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 McReynolds Michael Milton  
 (Last) (First) (Middle)

2. Date of Event Requiring Statement  
 (Month/Day/Year)  
 11/05/2014

3. Issuer Name and Ticker or Trading Symbol  
 InfuSystem Holdings, Inc [INFU]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

C/O INFUSYSTEM HOLDINGS, INC., 31700 RESEARCH PARK DRIVE  
 (Street)

(Check all applicable)

Director  10% Owner  
 Officer  Other  
 (give title below) (specify below)  
 Chief Information Officer

MADISON HEIGHTS, MI 48071  
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

|                                    |  |   |  |
|------------------------------------|--|---|--|
| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form:<br>Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|------------------------------------|--|---|--|

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

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security<br>(Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security:<br>Direct (D) | 6. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|   | Date Exercisable      Expiration Date                       | Title      Amount or Number of   |  |   |  |

|   |       |            |                 |         |         |                                  |   |
|---|-------|------------|-----------------|---------|---------|----------------------------------|---|
|   |       |            |                 | Shares  |         | or Indirect<br>(I)<br>(Instr. 5) |   |
| Inducement Stock Option<br>(right to buy) | Ⓐ (1) | 04/29/2020 | Common<br>Stock | 100,000 | \$ 1.75 | D                                | Ⓐ |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |                             |       |
|--|---------------|-----------|-----------------------------|-------|
|  | Director      | 10% Owner | Officer                     | Other |
| McReynolds Michael Milton<br>C/O INFUSYSTEM HOLDINGS, INC.<br>31700 RESEARCH PARK DRIVE<br>MADISON HEIGHTS, MI 48071 | Ⓐ             | Ⓐ         | Ⓐ Chief Information Officer | Ⓐ     |

## Signatures

|                                    |            |
|------------------------------------|------------|
| /s/ Michael M.<br>McReynolds       | 11/13/2014 |
| **Signature of Reporting<br>Person | Date       |

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

The option, representing the right to purchase a total of 100,000 shares, vests in three equal annual installments beginning on April 29, 2014, provided that Mr. McReynolds is employed by the Company on each of these dates. In the event that Mr. McReynolds is

- (1) involuntarily terminated without cause within six months of a change in control, his options will immediately accelerate and become exercisable. In the event that Mr. McReynolds is involuntarily terminated otherwise without cause, his options will vest pro rata based on the length of his service in the year of the termination of his employment.

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.