SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

3235-OMB Number: 0104

Estimated average burden hours per response: 0.5

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 [*] <u>Dow Brian B</u>	2. Date of Ex Requiring St (Month/Day/ 03/01/2023	tatement Year)	3. Issuer Name and Ticker or Trading Symbol <u>ProSomnus, Inc.</u> [OSA]					
(Last) (First) (Middle) 5675 GIBRALTAR AVENUE (Street) PLEASANTON CA 94588 (City) (State) (Zip)	03/01/2023		4. Relationship of Reporting Person(s) t Issuer (Check all applicable) Director 10% Ow X Officer (give Other (s title below) below) Chief Financial Officer) Owner 6. (specify (C	6. Individual of Joint/Group Filing		
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)			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 S Underlying Derivative Se (Instr. 4)		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
		Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Brian B. Dow, by</u>	
Nelson Mullins Riley &	03/
Scarborough LLP with	03/
Power of Attorney	
** Signature of Reporting Person	Date

10/2023

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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).

** 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.

OMB APPROVAL