FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235- 0104						
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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

Name and Address of Reporting Person* Liptak Len	2. Date of E Requiring S (Month/Day 12/06/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol ProSomnus, Inc. [OSA]						
(Last) (First) (Middle) C/O PROSOMNUS, INC. 5860 W LAS POSITAS BLVD, SUITE 25 (Street) PLEASANTON CA 94588 (City) (State) (Zip)	-		4. Relationship of Reporting Issuer (Check all applicable) X Director X Officer (give title below) Chief Executiv	10% C Other below)	owner '	Filed	d (Month/Day/ dividual or Jo eck Applicable Form filed Person	int/Group Filing e Line) by One Reporting by More than One	
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)			
Common Stock			465,706	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Da (Month/Day/Y	ate	Underlying Derivative Security Conve (Instr. 4)		4. Conversi or Exerci Price of	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		erivative or Indire			

Explanation of Responses:

/s/ Leonard Liptak, by

Nelson Mullins Riley &

12/06/2022

Scarborough LLP

** Signature of Reporting

Date

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

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.

^{*} 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).