

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>HealthpointCapital, LLC</u> <hr/> (Last) (First) (Middle) 3708 ASHFORD PLACE <hr/> (Street) GREENVILLE NC 27858 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/06/2022	3. Issuer Name and Ticker or Trading Symbol <u>ProSomnus, Inc. [OSA]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	6,660,239 ⁽¹⁾	I	See Footnote ⁽¹⁾

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

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

1. Name and Address of Reporting Person*
HealthpointCapital, LLC

 (Last) (First) (Middle)
 3708 ASHFORD PLACE

 (Street)
 GREENVILLE NC 27858

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
HMC, LLC

 (Last) (First) (Middle)
 3708 ASHFORD PLACE

 (Street)
 GREENVILLE NC 27858

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
HGP II, LLC

 (Last) (First) (Middle)

3708 ASHFORD PLACE

(Street)

GREENVILLE NC 27858

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

HGP III, LLC

(Last)

(First)

(Middle)

3708 ASHFORD PLACE

(Street)

GREENVILLE NC 27858

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

HEALTHPOINTCAPITAL PARTNERS
II LP

(Last)

(First)

(Middle)

3708 ASHFORD PLACE

(Street)

GREENVILLE NC 27858

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

HEALTHPOINTCAPITAL PARTNERS
III LP

(Last)

(First)

(Middle)

3708 ASHFORD PLACE

(Street)

GREENVILLE NC 27858

(City)

(State)

(Zip)

Explanation of Responses:

1. Consists of (i) 540,220 shares of Common Stock of the Issuer owned by HealthpointCapital Partners, LP, (ii) 4,348,552 shares of Common Stock of the Issuer owned by HealthpointCapital Partners II, LP, (iii) 1,646,677 shares of Common Stock of the Issuer owned by HealthpointCapital Partners III, LP and (iv) 124,790 shares of Common Stock of the Issuer owned by HCP II Co-Invest Vehicle LP, for each of which HMC, LLC is the investment manager. HMC, LLC is wholly owned by HealthpointCapital, LLC. HGP, LLC is the general partner of HealthpointCapital Partners, LP. HGP II, LLC is the general partner of HCP II Co-Invest Vehicle LP and HealthpointCapital Partners II, LP. HGP III, LLC is the general partner of HealthpointCapital Partners III, LP.

/s/ Joseph A. Fitzpatrick

08/30/2023

** 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 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.