

InfuSystem Holdings, Inc  
 Form 3  
 May 03, 2010

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

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**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 * Â GOLD DANIEL P PHD (Last) (First) (Middle)  C/O MARSHALL EDWARDS, INC.,Â 140 WICKS ROAD, NORTH RYDE (Street)  NEW SOUTH WALES,Â C3Â 2113 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/23/2010	3. Issuer Name and Ticker or Trading Symbol InfuSystem Holdings, Inc [MSHL]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Executive Officer	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input 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)
------------------------------------	--	---	--

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

SEC 1473 (7-02)

**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 control number.**

**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)  Date Exercisable      Expiration Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title      Amount or Number of	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	--	--	--	---	--

Edgar Filing: InFuSystem Holdings, Inc - Form 3

				Shares		or Indirect (1) (Instr. 5)	
Options to purchase shares of common stock	Â (1)	Â (2)	Common Stock	110,195 (3)	\$ 5.05	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GOLD DANIEL P PHD C/O MARSHALL EDWARDS, INC. 140 WICKS ROAD, NORTH RYDE NEW SOUTH WALES, Â C3Â 2113	Â X	Â	Â Chief Executive Officer	Â

## Signatures

/s/ Daniel P. Gold	05/03/2010
**Signature of Reporting 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).
- (1) 25% will vest one year from the effective date of the Dr. Gold's employment agreement, effective April 19, 2010, thereafter, the remaining 75% of Dr. Gold's options will vest in equal monthly installments over the following 36 months.
- (2) The options expire five years from the grant date.
- (3) The Company has agreed to grant Dr. Gold options to purchase an additional 110,195 shares of common stock of the Company no later than 30 days following the public release of the Company's Ovature study results.

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.