

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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>Feinstein Adam T</u> <hr/> (Last) (First) (Middle) C/O ADAM T. FEINSTEIN 428 GREENWICH STREET <hr/> (Street) NEW YORK NY 10013 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/28/2021	3. Issuer Name and Ticker or Trading Symbol <u>Airsulpt Technologies, Inc.</u> [AIRS]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> 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	15,685,714	I	By VSCP EBS Aggregator, L.P. ⁽¹⁾
Common Stock	5,054,597	I	By Vesey Street Capital Partners Healthcare Fund-A, LP ⁽¹⁾
Common Stock	13,141,198	I	By EBS Aggregator Blocker Holdings, LLC ⁽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* <u>Feinstein Adam T</u> <hr/> (Last) (First) (Middle) C/O ADAM T. FEINSTEIN 428 GREENWICH STREET <hr/> (Street) NEW YORK NY 10013 <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>VSCP EBS Aggregator, L.P.</u> <hr/> (Last) (First) (Middle) C/O ADAM T. FEINSTEIN 428 GREENWICH STREET <hr/> (City) (State) (Zip)
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(Street)	NEW YORK	NY	10013
(City)	(State)	(Zip)	
1. Name and Address of Reporting Person*			
EBS Aggregator Blocker Holdings, LLC			
(Last)	(First)	(Middle)	
C/O ADAM T. FEINSTEIN			
428 GREENWICH STREET			
(Street)	NEW YORK	NY	10013
(City)	(State)	(Zip)	

Explanation of Responses:

1. Mr. Feinstein serves as sole managing member of Vesey Street Capital Partners Healthcare GP, L.P., which serves as the general partner of VSCP EBS Aggregator, L.P. and Vesey Street Capital Partners Healthcare Fund-A, LP. Mr. Feinstein serves as sole manager of EBS Aggregator Blocker Holdings, LLC. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein, except to the extent of its pecuniary interest, if any, therein. Pursuant to Rule 16a-1(a)(4) under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), this filing shall not be deemed an admission that the Reporting Persons are, for purposes of Section 16 of the Exchange Act or otherwise, the beneficial owners of any securities in excess of their respective pecuniary interests.

/s/ Adam T. Feinstein	10/29/2021
/s/ Adam T. Feinstein Managing Member of Vesey Street Capital Partners Healthcare GP, L.P. as general partner of VSCP EBS Aggregator, L.P.	10/29/2021
/s/ Adam T. Feinstein Manager of EBS Aggregator Blocker Holdings, LLC	10/29/2021
** 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.