## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| $\Box$ | Check this box if no longer subject<br>to Section 16. Form 4 or Form 5<br>obligations may continue. See<br>Instruction 1(b). |
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person <sup>*</sup><br>Sharma Ruby   |  |       |             |   | 2. Issuer Name and Ticker or Trading Symbol<br>NAUTILUS, INC. [NLS]  |  |     |   |      |                    |   |                 |                     |  | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)   |  |  |   |         |  |
|---|--|-------|-------------|---|--|--|-----|---|------|--------------------|---|-----------------|---------------------|--|--|--|--|---|---------|--|
| <u>Sharma Kuby</u>  |  |       |             |   |  |  |     |   |      |                    |   |                 |                     |  | X Direc  |  |  | 10% O   | -       |  |
| (Last)  | (Last) (First) (Middle)                      |       |             |   |  | 3. Date of Earliest Transaction (Month/Day/Year)<br>07/03/2023   |     |   |      |                    |   |                 |                     |  | belov  | er (give title<br>w)   |  | Other (<br>below)   | specity |  |
| C/O NAUTILUS, INC.  |  |       |             |   |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |     |   |      |                    |   |                 |                     |  | 6. Individual or Joint/Group Filing (Check Applicable  |  |  |   |         |  |
| 17750 SE 6TH WAY  |  |       |             |   |  |  |     |   |      |                    |   |                 |                     |  | Line)<br>X Form filed by One Reporting Person  |  |  |   |         |  |
| (Street)<br>VANCOUVER WA 98683  |  |       |             |   |  |  |     |   |      |                    |   |                 |                     |  | Form filed by More than One Reporting<br>Person  |  |  |   |         |  |
|   |  | A 9   | 0005        |   | Rule 10b5-1(c) Transaction Indication  |  |     |   |      |                    |   | -               |                     |  |  |  |  |   |         |  |
| (City) (State) (Zip)  |  |       |             |   | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |  |     |   |      |                    |   |                 |                     |  |  |  |  |   |         |  |
|   |  | Table | I - No      | n-Deriva                                |  | -  |     |   |      |                    |   |                 | . ,                 |  |  | ned  |  |   |         |  |
| 1. Title of Security (Instr. 3)<br>2. Transacti<br>Date<br>(Month/Day |  |       |             | /Year)                                  | Exec<br>if any   | Deemed<br>ution Date,<br>/<br>th/Day/Year)   |     | 3.<br>Transaction<br>Code (Instr.<br>8)<br>4. Sec<br>Dispos<br>5) |      | Disposed           | ities Acquired (A<br>d Of (D) (Instr. 3,  |                 | (A) or<br>3, 4 an   |  | icially<br>d   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |         |  |
|   |  |       |             |   |  |  |     | Code  | v    | Amount             |   | (A) or<br>(D)   | Price               | Reported   |  |  |  | ( )   |         |  |
| Common Stock <sup>(1)</sup> 07/03/20                                  |  |       |             |   | 023  |  |     | A   |      | 26,515(            | 1)  | Α               | \$ <mark>0</mark>   | 56,068   |  |  | D  |   |         |  |
|   |  | Tab   | le II -     | Derivativ<br>(e.g., pu                  |  |  |     |   |      |                    |   |                 |                     |  |  | ed   |  |   |         |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                   | vative Conversion Date Execution Date if any |       | ition Date, | 4.<br>Transaction<br>Code (Instr.<br>8) |  | 5.<br>Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)    |      | te                 | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security<br>(Instr. 3 and 4) |                 | <br> <br>           | 8. Price of<br>Derivative<br>Security<br>Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | y [<br>(   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                             |         |  |
|   |  |       |             | Code                                    | v  | (A)  | (D) | Date<br>Exercisa  | able | Expiration<br>Date | Title   | or<br>Nun<br>of | ount<br>nber<br>res |  |  |  |  |   |         |  |

Explanation of Responses:

1. Represents an award of restricted stock. The restricted stock is subject to forfeiture until vesting on July 3, 2024.

Remarks:

/s/ Alan L. Chan, Attorney-In-07/06/2023

Fact for Ruby Sharma

\*\* 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 4 (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.