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								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	ress of Reporting I	Person [*]	2. Issuer Name and Ticker or Trading Symbol Outset Medical, Inc. [OM]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Trigg Leslie	2			X	Director	10% Owner				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/06/2023	x	Officer (give title below)	Other (specify below)				
3052 ORCHA	RD DRIVE		01/00/2023		Chair and CEO					
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN JOSE	CA	95134		X	Form filed by One Re Form filed by More th					
(City)	(State)	(Zip)			Person					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities A Disposed Of (5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	01/06/2023		A		106,189(1)	A	\$0.0	396,432	D	
Common Stock	01/06/2023		A		23,893(2)	A	\$0.0	420,325	D	
Common Stock								8,770	Ι	Trigg Family Trust

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Nu of Deriv Secu (A) of Dispo of (D) (Instr and 5	vative rities hired r osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents restricted stock units ("RSU") granted to the reporting person on January 6, 2023. Each RSU represents a contingent right to receive one share of common stock. These RSUs shall vest 33.33% on January 6, 2024, and the remaining 66.67% shall vest in equal installments over the course of the following two years on a quarterly basis on each February 15th, May 15th, August 15th and November 15th, subject to the reporting person's continuous service through the applicable vesting date.

2. Represents portion of stock units granted to the reporting person on January 6, 2023 that will vest on December 31, 2025, subject only to the reporting person's continuous service through the vesting date. Each stock unit represents a contingent right to receive one share of common stock.

By: John L Brottem For: Leslie Trigg

01/09/2023

** 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 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.