FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
vasiliigtoii,	D.C.	20040	

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

GES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person* Nash Marc					2. Issuer Name and Ticker or Trading Symbol Outset Medical, Inc. [OM]										k all app Direc	ctor		10% O\	wner	
(Last) 3052 OR	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/16/2023									X	belov	er (give title v) ⁷ P Operati		Other (s below) and R&D	specify	
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN JOSE CA 95134														X	Form	filed by On	e Rep	oorting Pers	on	
	JE GI														Form filed by More than One Reporting Person					
(City)	(State) (Zip) Rule 10b5-1(c) Transaction Indic								catio	n '										
								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 - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	cially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution (Execution (cution Date,				es Acquired (A Of (D) (Instr. 3,		4 and Secur Bene Owne		cially Following	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or Pric	е		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 11/				11/16/	2023			S		562(1)	Г	\$4	4.76 44,75		,757 ⁽²⁾		D			
	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 Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) 8)			of	ired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
							Date Expiration of		Amount or Number of Shares											

Explanation of Responses:

- 1. Required number of shares sold by the reporting person to cover tax withholding obligations in connection with the vesting of an aggregate of 1,484 shares of Common Stock underlying RSUs granted to the reporting person on March 8, 2021, March 15, 2021, and March 15, 2022. This sale was made to satisfy tax withholding obligations through a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.
- 2. Includes 321 share of Common Stock acquired pursuant to the Outset Medical, Inc. 2020 Employee Stock Purchase Plan ("ESPP"), for the purchase period of March 1, 2023 to August 31, 2023. This transaction is exempt from Rule 16b-3(c).

By: John L Brottem For: Marc Nash

11/17/2023

** 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.