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
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	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. Name and Address of Reporting Person [*] Saia Andrea Lynn					2. Issuer Name and Ticker or Trading Symbol Outset Medical, Inc. [OM]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
													_ X	Direc	ctor		10% Ov	vner		
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/31/2023										Offic below	er (give title v)		Other (s below)	specify	
3052 ORCHARD DRIVE				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Ctroot)					1										Form	n filed by On	ie Repo	orting Pers	on	
(Street) SAN JO	SE CA	95134												Form filed by More than One Reporting Person						
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication																
				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	tive S	ecur	rities	Acq	uired,	Dis	posed of	f, or	Bene	eficia	ly Owr	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				/Year) if any		Deemed ution Date, / th/Day/Year)					ies Acquired (A Of (D) (Instr. 3,			5. Amo Securi Benefi Owneo Follow	cially 1		Direct ct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D	() or))	Price		oorted nsaction(s) str. 3 and 4)				
Common Stock 05/31/2				.023			A ⁽¹⁾		7,681		A	\$ <mark>0.0</mark>	2	2,892		D				
		Tab		Derivati (e.g., pu											/ Owne	ed				
1. Title of Derivative Security (Instr. 3)	e Conversion Date Execution Date,		tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D Si (li	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y D (I) (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

1. 100% of the shares underlying these RSUs will vest upon the earlier of (i) the one-year anniversary of the date of grant or (ii) the date of the Issuer's next Annual Meeting of Stockholders

<u>By: John L Brottem For:</u>	0
<u>Andrea Lynn Saia</u>	<u>0</u>

** 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.

<u>r:</u> <u>05/31/2023</u>