FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Machinatan	D C	20540	
Nashington,	D.C.	20049	

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

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* <u>Vazquez Martin</u>						2. Issuer Name and Ticker or Trading Symbol Outset Medical, Inc. [ OM ]									k all app Direc	tionship of Reportir all applicable) Director Officer (give title		10% O	wner	
(Last) 3052 OR	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/16/2023									X	belov	v) ``	Other (spe below) rating Officer		specify	
(Street) SAN JOS (City)			25134 Zip)		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)	Form	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Securit	5. Amount of Securities Beneficially Owned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or P	rice	Transa	action(s) . 3 and 4)			(Instr. 4)		
Common	Stock			02/16/2	2023				S <sup>(1)</sup>		264	Г	\$	24.37	104,171 D					
Common	Stock			02/16/2	2023				<b>S</b> <sup>(2)</sup>		1,667	Г	\$	24.36	4.36 102,504 D					
		Tal	ble II -								osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)		of	ired r osed ) : 3, 4	Expirat	6. Date Exercisable and Expiration Date (Month/Day/Year)			te Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forn Direc or In (I) (Ir	0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Code V (A)		(A)	(D)	Date Exercis	able	Expiration Date	Title	Amor or Numi of Share	ber										

## **Explanation of Responses:**

- 1. Required number of shares sold by the reporting person to cover tax withholding obligations in connection with the vesting of 516 shares of Common Stock underlying RSUs granted to the reporting person on March 15, 2021. 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. Required number of shares sold by the reporting person to cover tax withholding obligations in connection with the vesting of 3,257 shares of Common Stock underlying RSUs granted to the reporting person on January 26, 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.

By: John L Brottem For: Martin Vazquez

02/16/2023

\*\* 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.