FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington.	D.C. 2	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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OMB APPROVAL									
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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). 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* <u>Trigg Leslie</u>						2. Issuer Name and Ticker or Trading Symbol Outset Medical, Inc. [OM]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 3052 ORCHARD DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 07/03/2023								X Officer below)	r (give title Other (spec) below) Chair and CEO			specify		
(Street) SAN JOS				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									G. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta		Zip)	la Bai	X	Sausiy the diffinative defense conditions of rate 1995 1(c), see first							uant to a con See Instruction	ruction 10.					
1. Title of Security (Instr. 3) 2.		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an		(A) or	5. Amount of Securities Beneficially Owned Follow		Form: Direction (D) or Indirection		of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 07/0		07/03/20	023				M ⁽¹⁾		20,000	A	\$4.11	429	9,489		D				
Common S	Common Stock 07/03/2		07/03/20)23	:3			S ⁽¹⁾		20,000	D	\$20.8972	^{'2(2)} 409,489			D			
Common Stock													8,	770		I	Trigg Family Trust		
		Ta	able I								posed of, , convertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		ivative urities juired or posed D) tr. 3, 4	Expir			7. Title a Amount Securiti Underly Derivati (Instr. 3	of es ing ve Security	8. Price of Derivative Security (Instr. 5)		e C s F llly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
Performance Options (right to buy)	\$4.11	07/03/2023			M ⁽¹⁾			20,000		3)	11/03/2028	Commo Stock	ⁿ 20,000	\$0.0	45,418	3	D		

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b51 Trading Plan adopted by the reporting person on February 23, 2023.
- 2. The price reported in Column 4 is a weighted average price. The shares of common stock of the Issuer were sold in multiple transactions at prices ranging from: \$20.00 \$20.99 13,150 shares; and \$21.00 \$21.99 6,850 shares. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold within the range set forth in this footnote.
- 3. In March 2021, following the expiration of the lock-up period in connection with our initial public offering, the applicable performance and market-based vesting conditions were met and the shares underlying this stock option award became fully vested.

By: John L Brottem For: Leslie 07/04/2023 **Trigg**

** 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.