FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APP | OMB APPROVAL | | | | | | | | | |
|------|-------------------|--------------|--|--|--|--|--|--|--|--|--|
| SHIP | 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 OWNER

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>Drexler Karen</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Outset Medical, Inc. [OM] | | | | | | | | (Chec | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owne | | | | |
|--|--|---------|----------|----------|---|--|--|---|------------------|------|--|-----------------------------|-------------------------|---|---|---|---|---------------------------------------|------------|
| (Last) (First) (Middle) 3052 ORCHARD DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/08/2021 | | | | | | | | | | Office | er (give title | | Other (s pelow) | pecify |
| (Street) SAN JOSE CA 95134 | | | | | 4. If # | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | osed of | , or E | Bene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | , 4 and Securiti Benefic | | ies cially Following | 6. Owners Form: Dir (D) or Ind (I) (Instr. | ect irect 1) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | | ction(s) | | | (Instr. 4) |
| Common Stock 01/08/2 | | | | | | 2021 | | | A | | 5,383(1) | 1 | A | \$ <mark>0</mark> | 5,383 | | 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) | | | on Date, | | Transaction Code (Instr. 8) S | | rative rities ired r osed) | 6. Date E Expiration (Month/I | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: ct (D) direct | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Num of Shar | ber | | | | | |

Explanation of Responses:

1. Represents restricted stock units ("RSU") granted to the reporting person on January 08, 2021. Each RSU represents a contingent right to receive one share of common stock. These RSUs shall vest quarterly over three years, subject to the reporting person's continuous service through the applicable vesting date.

/s/ John Brottem, attorney-infact for Karen Drexler

01/12/2021

** 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.